

P96000031854

Office of Domingo Alonso, C.P.A.

(Requestor's Name)
250 VALENCIA AVENUE

(Address)
CORAL GABLES, FL 33134

(City, State, Zip)

(Phone #)

900002193649--6

-05/19/97-01193-006

*****70.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
97 JUN -4 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

6-5-97
Resign of
Officer/Director
DC

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 30, 1997

OFFICE OF DOMINGO ALSONSO, C.P.A.
250 VALENCIA AVE.
CORAL GABLES, FL 33134

SUBJECT: LIEBT WAY TOURS SERVICES, INC.
Ref. Number: P96000031854

We have received your document for LIEBT WAY TOURS SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the attached document is a resignation only, please remove the wording AMENDED ARTICLE OF THE ARTICLES OF INCORPORATION from the heading of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 897A00029285

DIRECTOR'S RESIGNATION
LIEBT WAY TOURS SERVICES, INC.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The chairman then recognized the director named below who tendered his resignation, effective upon adjournment of this meeting. Upon motion duly made, seconded and carried said resignation was accepted and the secretary ordered to spread name upon the minutes of the meeting.

I, Ester L. Conceicao, the undersigned director of the above named corporation, do hereby tender my resignation, to take effect upon adjournment of the meeting of the Board of Directors at which this resignation is accepted.

Dated: May 12th, 1997.

Esther Conceicao
Esther L. Conceicao - Vice President

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared Mrs. Ester L. Conceicao to me know to be the person above described and who executed the above and foregoing agreement freely and voluntarily and that the statements therein contained are true and correct and are submitted for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 13 day of May 1997.

Pilar P Alonso
Notary Public, State of Florida

My Commission expires



PIAR P ALONSO
My Commission OC343368
Expires Jan. 20, 1998