

James H. Cunningham
Requestor's Name

205 South Ave
Address

1000 2133/84
City/State/Zip Phone #

Office Use Only

FOR CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):
P96000038709

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

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

200002308532--5
-10/01/97--01044--014
****140.00 *****35.00

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

Examiner's Initials	
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AFFIDAVIT OF RESIGNATION OF OFFICER

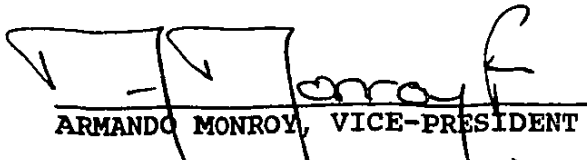
STATE OF FLORIDA }

COUNTY OF DADE }

I, ARMANDO MONROY, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ARMANDO MONROY, hereby resign as Vice-President of OXIGEN SPORTS CORPORATION, a corporation organized under the laws of the State of Florida;

That the corporation has been notified in writing of the resignation.


ARMANDO MONROY, VICE-PRESIDENT

Sworn to (or affirmed) and subscribed before me this 26th day of Sept., 1997, by ARMANDO MONROY.


NOTARY PUBLIC - State of Florida

Personally known _____ OR Produced Identification ☒
Type of Identification Produced DLA D/L #



DANAE M. RAMIREZ
COMMISSION # CC589904
EXPIRES OCT 01, 2000
BONDED THROUGH
ATLANTIC BONDING CO., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT - 1 AM 9:06

GARCIA, PEREZ-SIAM & GRUENINGER
265 Sevilla Avenue
Coral Gables, Florida 33134

City/State/Zip

Phone #

Office Use Only

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

P96000038709

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<input type="checkbox"/>	Other

RECEIVED
10/01/97
AM 9:00

Examiner's Initials

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: GARCIA, PEREZ-SIAM & GRUENINGER EIN or SS#: _____

Address: 265 SEVILLA AVE.

CORAL GABLES, FL 33134

Amount: \$70.00 Date Paid: 10-01-97

Reason for Claim: Duplicate filing of Resignation of Officer/Director.

CHERYL COULLIETTE/AMENDMENTS P96000038709

Certified true and correct this _____ day of _____, 19 _____.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 70.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01044 014 *dated* 10-01-97

NAME OF ACCOUNT: 45202130001453000000000010000

Statutory Authority for Collection: 607.01222

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)

AFFIDAVIT OF RESIGNATION OF DIRECTOR

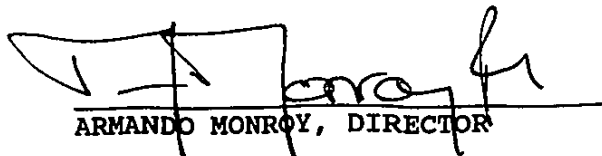
STATE OF FLORIDA }

COUNTY OF DADE }

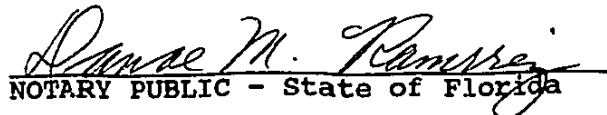
I, ARMANDO MONROY, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ARMANDO MONROY, hereby resign as Director of OXIGEN SPORTS CORPORATION, a corporation organized under the laws of the State of Florida;

That the corporation has been notified in writing of the resignation.


ARMANDO MONROY, DIRECTOR

Sworn to (or affirmed) and subscribed before me this 26th day of Sept., 1997, by ARMANDO MONROY.


NOTARY PUBLIC - State of Florida

Personally known _____ OR Produced Identification ✓

Type of Identification Produced Id. D/L #



GARCIA, PEREZ-SIAM & GRUENINGER

Attorneys At Law

265 Sevilla Avenue
Coral Gables, Florida 33134

Carlos Garcia, Esq.
Frank Perez-Siam, Esq.
Susana R. Grueninger, Esq.
Niurka R. Piedra, Esq.
Joe L. Pujol, Esq.

Telephone: (305) 447-6609
Facsimile: (305) 447-6624

September 29, 1997

P960000038709

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed are two Affidavits of Resignation of Officer and two Affidavits of Resignation of Director for filing. Also enclosed is a check for the filing fees in the amount of \$140.00.

Please contact the undersigned if you have any questions.

Sincerely,


Carlos Garcia

CG:dr

Enclosure

900002308529--4

-10/01/97--01044--014

****140.00 *****35.00

900002308529--4

-10/01/97--01044--014

****140.00 *****35.00

OFF. Resign.

CC

10-6-97

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -1 PM 9:00

Garcia Perez - Diana Gruening

Requestor's Name

263 Sevilla Ave

Address

Coral Gables, FL 33134

City/State/Zip

Phone #

Office Use Only

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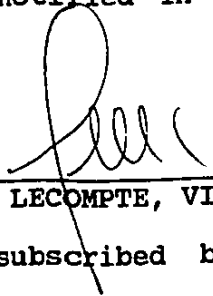
STATE OF FLORIDA }

COUNTY OF DADE }

I, GUSTAVO LECOMPTE, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, GUSTAVO LECOMPTE, hereby resign as Vice-President of OXIGEN SPORTS CORPORATION, a corporation organized under the laws of the State of Florida;

That the corporation has been notified in writing of the resignation.

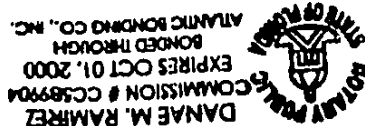

GUSTAVO LECOMPTE, VICE-PRESIDENT

Sworn to (or affirmed) and subscribed before me this 26th day of Sept., 1997, by GUSTAVO LECOMPTE.


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Type of Identification Produced Ala. A/L



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -1 AM 9:00

AFFIDAVIT OF RESIGNATION OF DIRECTOR

STATE OF FLORIDA }

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That the corporation has been notified in writing of the resignation.



GUSTAVO LECOMPTE, DIRECTOR

Sworn to (or affirmed) and subscribed before me this
26th day of Sept., 1997, by GUSTAVO LECOMPTE.



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