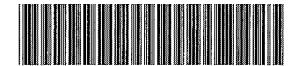
## P96000059564

(Requestor's Name)
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(City/State/Zip/Phone #)
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12/10/02--01041--004 \*\*35.00



No 12/12:

## OFFICER / DIRECTOR RESIGNATION

I, <u>CARLOS LACEBDA</u> , hereby resign	as SECMETRIX	
of TPS TOURS, INC. (Name of Corporation)	्नः स	
a corporation organized under the laws of the State of FLOI	MIDA P46000059564	<del></del> _
and affirm that the corporation has been notified in writing of the	resignation.	
(Signature of resigning officer/dia	OZ DEC 10 PM SECRETARY OF TALLAHASSEE, F	
	H 2: 5: FLORID	U

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314