

P96000084294

AMERILAWYER®

(Requestor's Name)

343 ALMERIA AVENUE

(Address)

CORAL GABLES, FL 33134 - (305) 445-2700

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

300002390919-6  
-01/06/98-01051-008  
\*\*\*\*210.00 \*\*\*\*\*35.00

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

1. Platax Corp. P96000084294  
(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 checked="" 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

Examiner's Initials

RECEIVED  
98 JAN -6 AM 11:33  
DIVISION OF CORPORATION  
98 JAN 15 PM 3:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
1/15  
JOS  
Vol.  
Disc



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 6, 1998

AMERILAWYER

CORAL GABLES, FL

SUBJECT: PLATAX CORP.  
Ref. Number: P96000084294

We have received your document for PLATAX CORP. and check(s) totaling \$210.00 of which \$35.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

OK ✓ The current name of the entity is as referenced above. Please correct your document accordingly.

\* ~~The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.~~

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 (850) 487-6957.

Joy Moon-French  
Corporate Specialist

Letter Number: 298A00000643

\* Still needs correction

Claudia  
authorized  
correction

RECEIVED  
98 JAN 15 AM 9:28  
DIVISION OF CORPORATIONS

**ARTICLES OF DISSOLUTION**  
**OF**  
**PLATAX CORP.**

**FILED**  
98 JAN 15 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1403, Florida Statutes, this corporation adopts the following articles of dissolution:

- FIRST:** The name and address of this corporation is **PLATAX Corp., 13704 S.W. 149 Circle Lane #1, Miami, FL 33186.**
- SECOND:** The date of the adoption of these Articles of Dissolution is the 7 October 1997.
- THIRD:** The dissolution of the corporation was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.
- FOURTH:** The Articles of Dissolution shall be effective upon the filing with the Secretary of State of Florida.

Signed this 7 October 1997.

**PLATAX CORP.**

By: \_\_\_\_\_



Manuel V Flores, Sr., Director /  
Chairman