

P97000039703

Requestor's Name

Joe ...
750 S. ...
F. Land, FL - 33326

ie #

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

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. <u>Officer/ Director</u>
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700002219917--1
-06/23/97--01106--015
*****35.00 *****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 JW 4/15



Florida Department of State,

Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA

COUNTY OF DADE

I, JOSE ARANHA 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, JOSE ARANHA, hereby resign as DIRECTOR of
(Title)

TOKEN USA CORP. (P97000039703), a Florida corporation;
(Name of Corporation)

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

[Signature]
Signature of resigning officer/director

Sworn to and subscribed before me this 19 day of June.



[Signature]
NOTARY PUBLIC

My Commission Expires: _____

FILING FEE IS \$35.00

TO :
DEPARTMENT OF STATE

P 970000 397 25

FOR OFFICIAL USE
DATE: 05 13 97 NUMBER: 70000222217--1
STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,628.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	2,628.75	OTHER	4

CROSS REF	SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	2	52.50
012	45-20-2-130001-45300000-00-000100-00	1	122.50
012	45-20-2-130001-45300000-00-000100-00	1	165.00
012	45-20-2-130001-45300000-00-000100-00	4	165.00
012	45-20-2-130001-45300000-00-000100-00	1	165.00
012	45-20-2-130001-45300000-00-000100-00	1	165.00
012	45-20-2-130001-45300000-00-000100-00	2	165.00
012	45-20-2-130001-45300000-00-000100-00	1	165.00
012	45-20-2-130001-45300000-00-000100-00	1	540.00
012	45-20-2-130001-45300000-00-000100-00	2	923.75

GRAND TOTAL:

\$ 2,628.75

73931 - c

RECEIVED
MAY 30 PM 2:29
FINANCIAL MANAGEMENT

70000222217--1
-06/25/97--01002--004
****137.50 ****137.50

Process Date: 05/13/97

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer