

P. 970000 4860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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[Handwritten signature]

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HJA CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P97 000048690

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENRY LOPEZ  
(Name of Person)

HJA CORP  
(Name of Firm/Company)

6480 SW 127 AVE  
(Address)

Miami, FL 33183  
(City/State and Zip Code)

For further information concerning this matter, please call:

HENRY LOPEZ at (305) 525-4066  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

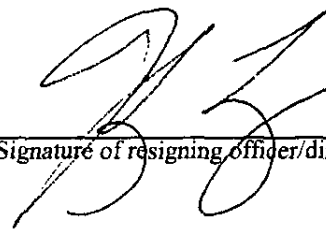
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HENRY LOPEZ, hereby resign as Secretary  
(Title)

of HJA Corporation  
(Name of Corporation)

897000048690, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE FLORIDA