P97000059016

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.
(Requestor's Name)

3320 S.W. 87th AVENUE
(Address)

MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002958084--8
-08/12/99--01061--013
*****35.00 *****35.00

OFFICE USE ONLY

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

1. ABM MEDICAL EQUIPMENT CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

RECEIVED
99 AUG 12 AM 11:36

[X] Walk in [X] Pick up time 2.00 [ ] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
X	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
99 AUG 12 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. COULLIETTE AUG 12 1999

Examiner's Initials	

CR2E031(9/92)

Florida Department of State, Jim Smith, Secretary of State

FILED
99 AUG 12 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF Florida
COUNTY OF Miami-Dade

I, Rodrigo Quintero 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, Rodrigo Quintero, hereby resign as Vice-President (Title) of

ABM Medical Equipment Corp. (Name of Corporation), a Florida corporation;

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

Signature of resigning officer/director

Sworn to and subscribed before me this 10 day of August, 1999.

NOTARY PUBLIC

OFFICIAL NOTARY SEAL
EMERSON CARMONA
COMMISSION NUMBER
CC734218
MY COMMISSION EXPIRES
APR. 15,2002
NOTARY PUBLIC STATE OF FLORIDA

My Commission Expires:

FILING FEE IS $35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314