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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 #)

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☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☒	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



Florida Department of State, Jim Smith, Secretary of State 99
AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

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

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 of
(Title)

ABM MEDICAL EQUIPMENT CORP., a Florida corporation;
(Name of Corporation)

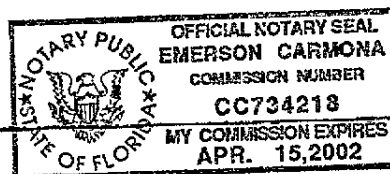
That the corporation has been notified in writing of the resignation.

[Signature]
Signature of resigning officer/director

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

[Signature]
NOTARY PUBLIC

My Commission Expires: _____



FILING FEE IS \$35.00

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