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OFFICE USE ONLY (Document #) EXPRESS CORPORATE FILING SERVICE INC (Requestor's Name) 2nd FLOOR 3940 W.FLAGLER ST. (Address) MIAMI, FLORIDA 33134 (305)444-4994 (Phone #) (City, State, Zip)

OFFICE USE ONLY

CORPORATION NAME(S)	&	DOCUMENT NUMBER(S) (if known):
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(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
Walk in Pick up time	Certified Copy	CEN -7 F con
Mail out Will wait	Photocopy Certificate of Status	RECEIVED 00 NOV -7 AN 9:51 VISION OF CORPORATION
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	

) (1)) (3) (1)	OTHER FILNGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

G. COULLIETTE NOV 0 7 2000

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The na	ame of th	ne corporation is : <u>HEALTH CARE & ASSOCIATES GROUP, INC.</u>	. /			
SECOND: THIRD:	The articles of the incorporation were filed on 10/01/1997 (check one)					
		حب پيد	ts: 8			
	M	None of the corporation's shares have been issued.				
		The corporation has not commenced business.	SSEE.			
FOURTH:	No de	ebt of the corporation remains unpaid.	of STATE E. FLORID			
FIFTH:		et assets of the corporation remaining after winding up har outed to the shareholders, if shares were issued.	ve been			
SIXT: Ado	ption o	f Dissolution (check one)				
		A majority of the incorporators authorized the dissolut	ion.			
	图	A majority of the directors authorized the dissolution.				
Signed th	nis	17 DAY OF OCTOBER, 2000	·			
Signature	e.	Museys (lunch.	_			
3		(By an incorporator if adopted by the incorporators or by	,			
		the chairman or vice chairman of the board, president, or	•			
		other officer if adopted by the directors)				
		QUEVEDO ARACELY C.				
		Typed or printed name PRESIDENT // i.r.	_			
		Title				