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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

BASIC AMENDMENT

N F G MOTORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

O/D Res
Feb 6/15
(2)

RESIGNATION BY OFFICER OR DIRECTOR

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Effective Date of Resignation
June 1, 2001

County and State
Broward, Florida

RESIGNOR (Officer or Director Resigning -
Name, Address and Zip Code)

Frank Gorritz
10965 N.W. 7th Street
Coral Springs, FL 33071


CORPORATION (Name, Address and Zip Code)

N F G Motors, Inc.
1080 South Dixie Highway
Pompano Beach, FL 33060

(Hereinafter Resignor)

Positions Held with Corporation for Which Resignation Is Effective
Director, Secretary, Treasurer

I, the Resignor, hereby tender my resignation to the above-named positions I currently hold with the Corporation. My request that my resignation be effective as of the effective date above.


Signature of Frank Gorritz

We, the Directors for this Corporation, hereby accept the resignation of Resignor to be effective as of the effective date above. We further, in accepting this resignation and having found no acts of misfeasance or non-feasance on the part of the Resignor, agree to hold Resignor harmless for all acts of misfeasance or nonfeasance committed in the course of holding this position with the Corporation.

RESIGNATION BY OFFICER OR DIRECTOR
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Signature of Directors

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TALLAHASSEE-FLORIDA

STATE OF Florida

Date of this Acknowledgment

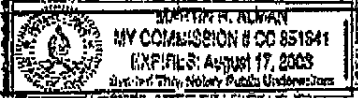
6/1/2001

COUNTY OF Miami-Dade

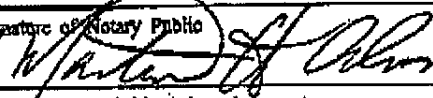
SS.

Acknowledgment. On this date before me a Notary Public, personally appeared Frank Gorritz, Known to be or satisfactorily proven to be the person whose name is subscribed to this instrument and acknowledged that he executed the same. If this persons name is subscribed in a representative capacity, it is for the principle named and in the capacity indicated.

Notary Expiration Date



Signature of Notary Public



Date of this Acknowledgment

STATE OF Florida

SS.

COUNTY OF Miami-Dade

Acknowledgment. On this date before me a Notary Public, personally appeared Known to be or satisfactorily proven to be the person whose name is subscribed to this instrument and acknowledged that he executed the same. If this persons name is subscribed in a representative capacity, it is for the principle named and in the capacity indicated.

Notary Expiration Date

Signature of Notary Public