

P97000104014

NORMAN MALINSKI, P.A.  
20803 BISCAYNE BOULEVARD  
SUITE 200  
AVENTURA, FLORIDA 33180

Office Use Only

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

600002535646--4

-05/26/98--01114--018

\*\*\*\*175.00 \*\*\*\*\*87.50

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
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3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 MAY 29 AM 11:10

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AND  
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

208  
5-29-98  
P97000104014

Examiner's Initials

**Florida Department of State, Sandra B. Mortham, Secretary of State**

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, NORMAN MALINSKI  
(Name of registered agent)

hereby resigns as Registered Agent for SECURE TRANSACTION INTERNATIONAL CORPORATION  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
\_\_\_\_\_  
(Signature of resigning agent)

If signing on behalf of an entity:

NORMAN MALINSKI  
(Typed or Printed Name)

REGISTERED AGENT  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation