

P98000089200

Requester's Name

Eye Solutions Inc
221 NW 64th Ave.
Miami, FL 33126

City/State/Zip

Phone #

700006617707--S
-07/24/02--01018--009
*****35.00 *****35.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
02 JUL 24 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

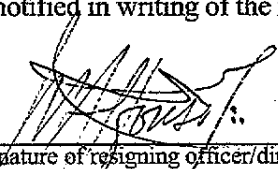
OFFICER / DIRECTOR RESIGNATION

I, Mr. Jose M. Alfonso, hereby resign as Tresurer
(Title)

of Eye Solutions, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida, U.S.A.

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

7-22-02

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

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