## P99000016432

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OFFICE USE ONLY(DOCUMENT#) LAZARUS CORFORATE FILING SERVICE **3320 S.W. 87 AVENUE** MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. OMEGA CONGRESS, IN (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Rick up time 2.50 Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Department of State:
	OMEGA CONGRESS, INC.
SECOND:	The document number of the corporation (if known): P99000016432
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: December 12 2003  (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by of the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Shareholders AR B
	(voting group)
	Signed this 12 day of December 2003 To The Company Control of the Company Control of the Control
Signa	ture: Me Aun Meli President
J	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Maria Grazia Nardi (Typed or printed name of person signing)
	(Typed of princed name of person signing)
	President/Secretary/Treasurer
	(Title of person signing)

Filing Fee: \$35