

# P99000064429

Charter Number Only

12/20/01

Little Havana Professionals

Requestor's Name

539 S.W. 12th Avenue

Address

Miami, FL. 33130

City

State

ZIP

Phone

(305)325-1896

VALIDATION ONLY

FILED  
01 DEC 21 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100004735301 - 5

-12/21/01 --01011--009

\*\*\*\*\*43.75 \*\*\*\*\*43.75

CORPORATION(S) NAME

So Rivera Distributors Inc

RECEIVED  
01 DEC 21 AM 9:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                     | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                  | <input type="checkbox"/> Mark                   |   |
| <input type="checkbox"/> Foreign                    | <input checked="" type="checkbox"/> Dissolution |   |
| <input type="checkbox"/> Limited Partnership        | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement              | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy             | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In         | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up         |
|   |   | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)

T. LEWIS DEC 21 2001



Empire Toll Free: 1-800-432-3028

01 DEC 21 PM 1:18  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the corporation is: S. RIVERA DISTRIBUTORS INC.

**SECOND:** The date dissolution was authorized: DECEMBER 19, 2001.

XX Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

*(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 \_\_\_\_\_ (voting group).

Signed this 19th day of DECEMBER, 2001.

(Corporation Name)

By [Signature]  
(Chairman or Vice Chairman of the Board, President, or other officer)

(Typed or printed name)

**(Title)**

Signed this 19th day of DECEMBER, 2001.

S. RIVERA , DISTRIBUTORS INC.

(Corporation Name)

By 

(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

(A director or incorporator if adopted by the directors or incorporators)

MARCO A. RIVERA.

(Typed or printed name)

PRESIDENT.

(Title)