Agrif 7, 1997. 52804

The Florida Dept. of State, Dinesion of Corporations, P.O. BOX 6327, Tallahassee, FL 32314

Dear ou madam.

I would like to voluntarily dissolve my eorpation: FARIDA 2. AHMAD MD. PA, authorized on 12/31/96, persuant to Section 67.1401, Florida Stateder. The articles of the incorporation were filed on 1/30/91. Enclosed is a check for \$35.00. My return address & telephone number

200002139152--04/10/97--01051-014
******35.00 ******35.00

// Mrs Elaine Hopkins are as follows:

20944. Ramita Trail, Boea Raton, (tel) 561/483-8717.

Sincerely, J.L. allumad 2. AHMAD

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 is: FARIDA 2. AFFIRED MD. PI
SECOND:	The date dissolution was authorized: 12/31/96
THIRD:	Adoption of Dissolution (CHECK ONE)
Disse was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	olution was approved by vote of the shareholders through voting groups.
	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe	ed this 7th day of april , 19 97.
Signature _	d this
	FARIDA 2. AHMAD MD (Typed or printed name)
	PRESIDENT (Title)