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Examiner's Initials

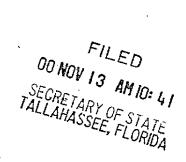
2104 N.W. 99 AVENUE • MIAMI, FLORIDA 33172 U.S.A. • TEL: (305) 591-0303 • FAX: (305) 591-0240 . . . Jse Only

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

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Walk in	Pick up time	<u> </u>	Cert	tified Copy	<u>.</u>	÷ . =
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NEW FILINGS	·	<u>AMENDMENTS</u>				
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OTHER FILIN	<u>GS</u>	REGISTRATI	ON/QUALIFIC	<u>CATION</u>		
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CR2E031(7/97)

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## OFFICER / DIRECTOR RESIGNATION

Ι,_	PESTOR	GONZALEZ	, hereby resign as TRECTOR (Title)
		FLOWERS	CORPORATION Corporation)
a co	rporation orga	anized under the laws of	the State of PLORIDA
and	affirm that the	e corporation has been n	otified in writing of the resignation.
			ature of resigning officer/director)

## 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

CR2E044(9/98)