

V16072

Requestor's Name

**Money Savers Insurance**

7278 S.W. 8th Street  
Miami, Florida 33144

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	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

300002191963--1  
-05/27/97--01127--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report DCC
<input type="checkbox"/>	Fictitious Name DCC
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	W. P. Verifier DCC

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

97 JUN 27 10PM 2:47

V16072

Examiner's Initials	
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Florida Department of State, Jim Smith, Secretary of State  
AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

91 MAY 27 PM 2:47

STATE OF FLORIDA  
COUNTY OF DADE

I, DILMA E. TOYOS after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, DILMA E. TOYOS, hereby resign as President/Secretary of  
(Title) Director  
MONEY SAVERS INSURANCE, INC., a Florida corporation;  
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

*Dilma Toyos*  
Signature of resigning officer/director

Sworn to and subscribed before me this 22nd day of May, 1997.

*[Signature]*  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



OFELIA MARTINEZ  
COMMISSION # CC 567A24  
EXPIRES 05/31/2000  
BONDED THRU  
ATLANTIC BONDING CO., INC.

FILING FEE IS \$35.00