V68740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

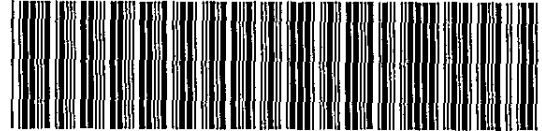(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
03 JUL 23 AM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

7/28/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carimex, Inc
_____
(Name of Corporation)

DOCUMENT NUMBER: V68740
_____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Horacio Peiro
_____
(Name of Person)

Carimex, Inc
_____
(Name of Firm/Company)

2279 N.W 102nd Place
_____
(Address)

Miami, FL 33172-2523
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria McNee   at (305) 418-2344
_____
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
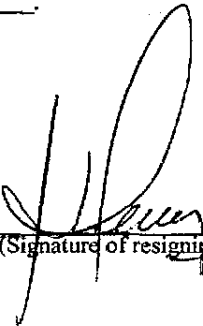409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, __Horacio Peiro__ , hereby resign as __Vice President__

(Title)

of __Carimex, Inc__ ,

(Name of Corporation)

__V68740__ , a corporation organized under the laws of the State of

(Document Number, if known)

__Florida__ .

(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314