

FILING RECEIPT

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ENTITY NAME: LETICIA INC.

DOCUMENT TYPE: CAN. OF ANNUL. OF AUTH. (FOR. BUSINESS)

COUNTY: NEWY

SERVICE COMPANY: ** NO SERVICE COMPANY **

SERVICE CODE: 00

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FILED:09/30/2003 DURATION:***** CASH#:030930000659 FILM #:030930000626

ADDRESS FOR PROCESS

REGISTERED AGENT

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FILER	FEE	50.00	PAYMENTS	55.00
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LETICIA INC.	FILING	50.00	CASH	0.00
ATTN: LETICIA C. ROJAS, PRESIDENT	TAX	0.00	CHECK	55.00
64 IRVINGTON AVENUE	CERT	0.00	CHARGE	0.00
HILLSIDE, NJ 07205	COPIES	0.00	DRAWDOWN	0.00
	HANDLING	0.00	BILLED	0.00
			REFUND	0.00
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