

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90181 034 ***150.00

DOCUMENT # F62198

1. Corporation Name

MAY INVESTMENTS, INC.



Principal Place of Business

Mailing Address

~~200 S. BISCAYNE BLVD.~~
~~STE 4800~~
~~MIAMI FL 33131~~
~~US~~

~~200 S. BISCAYNE BLVD~~
~~STE 4800~~
~~MIAMI FL 33131~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1982

4. FEI Number

65-0124761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1200 Brickell Avenue

26 1200 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 900

Suite, Apt. #, etc.

27 Suite 900

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, GALLINAR I P. A.
701 BRICKELL AVE
STE 2150
MIAMI FL 33131

81 Name

AGIM Registered Agents, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Avenue, Suite 900

83 JMM

84 City
Miami

FL

85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* PRESIDENT, AGIM REGISTERED AGENTS, INC.

3/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME GUTIERREZ, DIONISIO

STREET ADDRESS 200 S. BISCAYNE BOULEVARD (#4800)

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME GUTIERREZ MAYORGA, ALEJANDRO

STREET ADDRESS 200 S. BISCAYNE BLVD. (#4800)

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME GUTIERREZ MAYORGA, JUAN JOSE

STREET ADDRESS 200 S. BISCAYNE BLVD. (#4800)

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

1200 Brickell Avenue, Suite 900
Miami, Florida 33131

☒ Change

☐ Addition

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☒ Change

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☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

305 416 6800

Daytime Phone #

CR2E034 (1/98)