

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

**FILED**  
**Mar 04 1997 8:00am**  
**Secretary of State**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT # F62198 (9)**  
 1. Corporation Name  
**MAY INVESTMENTS, INC.**



Principal Place of Business  
**200 S. BISCAYNE BLVD.  
 STE 4800  
 MIAMI FL 33131  
 US**

Mailing Address  
**200 S. BISCAYNE BLVD.  
 STE 4800  
 MIAMI FL 33131-2310  
 US**

3. Date Incorporated or Qualified **02/09/1982** 3a. Date of Last Report **04/30/1996**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
 21 Sutr., Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address **c/o Peninsula Registered Agents, Inc.**  
 26 Sutr., Apt. #, etc. **#4874**  
 27 **200 S. Biscayne Blvd.**  
 City & State  
 28 **Miami, FL 33131**  
 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**PENINSULA REGISTERED AGENTS, INC.  
~~200 S.E. FIRST STREET (PH)~~ **200 S. Biscayne Blvd.**  
~~MIAMI FL 33131~~ **Suite 4874**  
**Miami, FL 33131****

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P. O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PTD GUTIERREZ, DIONISIO**  
 STREET ADDRESS **200 S. BISCAYNE BOULEVARD (#4800)**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
 NAME **V GUTIERREZ MAYORGA, ALEJANDRO**  
 STREET ADDRESS **200 S. BISCAYNE BLVD. (#4800)**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
 NAME **S 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

14. I do hereby certify that the information furnished 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 an officer, director, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **ALEJANDRO GUTIERREZ MAYORGA** **24-02-1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)