

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

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

04-22-1999 90181 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F62198

1. Corporation Name
MAY INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~200 S. BISCAYNE BLVD.
STE 4800
MIAMI FL 33134
US~~

Mailing Address
~~200 S BISCAYNE BLVD
STE 4874
MIAMI FL 33131
US~~

3. Date Incorporated or Qualified
02/09/1982

2. Principal Place of Business
21 1200 Brickell Avenue

4. FEI Number
65-0124761

22 Suite 900

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Miami, Florida

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33131 25 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ADAMS, GALLINAR I P. A.
701 BRICKELL AVE
STE 2150
MIAMI FL 33131

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, DIONISIO	
STREET ADDRESS	200 S. BISCAYNE BOULEVARD (#4800)	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GUTIERREZ MAYORGA, ALEJANDRO	
STREET ADDRESS	200 S. BISCAYNE BLVD. (#4800)	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GUTIERREZ MAYORGA, JUAN JOSE	
STREET ADDRESS	200 S. BISCAYNE BLVD. (#4800)	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1200 Brickell Avenue, Suite 900
1.4 CITY-ST-ZIP	Miami, Florida 33131
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1200 Brickell Avenue, Suite 900
2.4 CITY-ST-ZIP	Miami, Florida 33131
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1200 Brickell Avenue, Suite 900
3.4 CITY-ST-ZIP	Miami, Florida 33131
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]* 4/14/99 305 416 6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)