amended

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 SEP -4 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F72785

1. Corporation Name
C. May Construction, Inc.

Principal Place of Business: 130 NW 24 St.

Mailing Address: PO Box 398258 Miami FL 33239-8258

3. Date Incorporated or Qualified:
3a. Date of Last Report:

2. Principal Place of Business	21 130 NW 24 St.	2a. Mailing Address	26 1515 NW 167th St.
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23 Miami FL	City & State	28 Miami, FL
Zip	24 33127	Zip	29 33151
Country	25 USA	Country	30 USA

4. FEI Number: 59-2180435 — 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

9. Name and Address of Current Registered Agent

Paul May
One Financial Plaza, Suite 2602
Ft. Lauderdale, FL 33394

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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Clyde E May	
STREET ADDRESS	4126 NW 3rd Ave	
CITY-ST-ZIP	Miami, FL 33127	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	Vice President	☐ Change ☑ Addition
1.2 NAME	Willard Smith	
1.3 STREET ADDRESS	1515 NW 167th St.	
1.4 CITY-ST-ZIP	Miami, FL 33151	
2.1 TITLE	Vice President	☐ Change ☑ Addition
2.2 NAME	Arnold Greene	
2.3 STREET ADDRESS	130 NW 24 St.	
2.4 CITY-ST-ZIP	Miami, FL 33127	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	000002288570---1	
3.3 STREET ADDRESS	-09/09/97--01072--002	
3.4 CITY-ST-ZIP	*****61.25 *****61.25	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	000002288570---1	
4.3 STREET ADDRESS	-09/09/97--01072--003	
4.4 CITY-ST-ZIP	*****70.00 *****70.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	DB 9-4-97	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Clyde E May — 9/3/97 — (305) 573-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E074 (10/96)