

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000036907
4 Communication Manage	

Corporation Name

MAY PROJECT I CORP

Princ	cipal	Place	of Bu	usines	S
3000	¢ w	104TL	CT	OTE	244

Mailing Address

7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156

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7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156

2. Prin	cipal Place of Business	F in	Mailing Address
Suit	e, Apt #, etc.	26	Suite, Apt. #, etc.
22		27	
City 23	& State	}	City & State
Zip	Country	28	Zip Gountry
24	25	29	[30]
	9. Name and Address of	Current Regist	tered Agent

LITTMAN, ERIC P 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156

31	Name	
32	Street	Ad

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

1	04	City	a bot sib code
		i T	' ┗
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at			
office or registered agent, or both, in the State of Florida. Such change was authorized			pointment as registered
agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statu	ites		

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

FILED

99 IMR 23 PH 3: 35

3. Date Incorporated or Qualified 04/23/1998
4. FET Number

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or pointed name of registered agent and title if	applicable (NOTE	Registered Agent signature
12.	OFFICERS AND DIREC	TORS	13.
TITLE	DP	[] DELETE	1.1 TITLE
NAME	LITTMAN, ERIC P		12 NAVE
STREET ADDRESS	7695 S.W. 104TH ST. STE. 210		13 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33156		14 City-51-269
TITLE		Elbereje	213H(F
NAME			2.7 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			2 4 CH y - ST - ZIP
TITLE		[DELETE	3 1 TILE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			34. CITY-ST-ZIP
TITLE		[.] DELETE	4 1 TIILE
NAME			4 2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP	1		4.4 C(TY-ST-ZIP
TITLE		[DELFTE	5 1 THEF
NAME.			5.2 NAME
STREET ADDRESS			53 STREET ADORESS
CITY-ST-ZIP			5.4 C(TY+\$1+2(f)
TITLE		[] DELETE	6 1 TITLE
NAME			6 2 NAME
STREET ADDRESS			63 STREET ADORESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition

[]Change []Addition

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

[| Yes

30002815893-645 -03/23/99--01083--005 ***1500.00 ****150.00

1 I Change Fladdun

[] Change Change

14. Thereby 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 logal effect as if made under oath, that I am an officer or director of the corporation or the ecropier 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 an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPE TO REPORTED NAME OF SIGNING OFFICER OR DIRECTAL P. LITTMAN

201199

305-463-3333

CR2E034 (11/98)