

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000036908
d Carragettas Names	

7695 S.W. 104TH ST. STE. 210

MIAMI FL 33156

MAY PROJECT II CORP.

Principal Place	e of Business	Mailing Addres	is		
7695 S.W. 1047 MIAMI FL 33150	TH \$T. STE. 210 5		7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156		
2. Principal P	lace of Business	2a. Mailing Add	dress		
21		26			
Suite, Apt.	#, etc	Suite, Apt	#, etc.		
22		27			
City & State	e	City & Stat	e		
23		28			
Žip	Country	7(p	Country		
24	25	29	[30]		
	9. Name and Address of C	urrent Registered Agen			
LITT	MAN EDIC D		81 Name		

FILED 99 MAR 23 PH 3: 34

	DO NOT WRITE IN TH	IS SPACE		
	3. Date Incorporated or Qualified 04/23/1998			
	4. F£4 Number	i -i	Applied For Not Applicat	
	5. Certificate of Status Desired []	\$8.75	8.75 Additional Fee Required	
	6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
	8. This corporation owes the current year I			
	Personal Property Tax	[Yes	[IÑo	
Name	10. Name and Address of New Registere	a Agent		
Street Add	dress (P.O. Box Number is Not Acceptable)			

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83 84 City

SIGNATURE	Signature, typed or pouted name of regestined agent and tipe of applicable. (NOTE Re-	opstored April 605 atom n
12.	OFFICERS AND DIRECTORS	13.
TITLE	DP ["] DELETE	1 1 Title
NAME	LITTMAN, ERIC P	12 NAME
STREET ADDRESS	7695 S.W. 104TH ST. STE. 210	13.51REELADORESS
CITY-ST-ZIP	MIAMI FL 33156	14 CHY-ST-Z#
TITLE	() DELETE	2 1 TAILE
NAME		2.2 NAME
STREET ADDRESS		23 STREET ADORESS
CITY-ST-ZIP		2.4 C(1) - ST - Z(2)
TITLE	[] DELETE	3 \ TITLE
NAME		3.2 NASIF
STREET ADDRESS		33 STREET ADORESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	C'I DELETE	4131516
NAME		4 2 NAME
STREET ADDRESS		43 STREET ADORESS
CITY-ST-ZIP		4.4 CITY - S1 - ZIP
TITLE	[) DELETE	51 TIPLE
NAME		5.2 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-710
TITLE	[] DELETE	61 TiTLE
NAME		6.2 NAME
STREET ADDRESS		63 STREET ADDRESS
}	1	

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

[| Addition

CR2E034 (11/98)

400002815894-449 -03/23/99--01083---005 ***1500.00 ****150.00

> [] Addition [| Change

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 logal effect as if made under cath, that I am an officer or director of the corporation or the receiver or tustee 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:

HIGHATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OF DIRECTOR. LITTMAN

305 603 3333