

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000005573 (7)**
1. Corporation Name

MAJA THE GIRL FROM THE NILE, COMPANY



Principal Place of Business 1500 S. SURF RD. #17 HOLLYWOOD FL 33019	Mailing Address 1500 S. SURF RD. #17 HOLLYWOOD FL 33019
---	---

3. Date Incorporated or Qualified 09/30/1997	
4. FEI Number EIN 65-0806953	Applied For ☐ Not Applicable

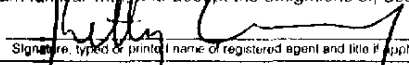
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Hollywood City & State 23 Hollywood FL Zip 24 Country 25	2a. Mailing Address 26 1500 S. Surf Rd #17 Suite, Apt. #, etc. 27 City & State 28 Florida 33019 Zip 29 Country 30
--	--

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent GRUMBERG, KATIA 1500 S. SURF RD. #17 HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent 81 Name KATIA GRUMBERG (aka Maja) 82 Street Address (P.O. Box Number is Not Acceptable) 1500 S. Surf Rd 17 83 84 City Hollywood FL 85 Zip Code 33019

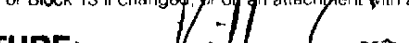
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	MRS. LAURIE LANEY
STREET ADDRESS	1500 S. SURF RD #17
CITY-ST-ZIP	HOLLYWOOD - FL 33019
TITLE	☐ DELETE
NAME	Mrs MARGARITA JANELLO
STREET ADDRESS	POB 4304 Hialeahdale FL 33008
CITY-ST-ZIP	1500 S. SURF RD #17 HOLLY - FL 33019
TITLE	☐ DELETE
NAME	KATIA GRUMBERG (aka Maja)
STREET ADDRESS	1500 S. SURF RD-17
CITY-ST-ZIP	HOLLYWOOD FL 33019
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes; and that my name is in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  **Ray To - 98** Daytime Phone #

CR2E037 (10/97)