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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

DOCUMENT # P98000066584

1. Corporation Name

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90224 030 ***150.00

NEFERTITI INTERIORS, INC.					
Principal Place of Business Mailing Address					
3750 NW 28 ST. BAY #414 - 3750 NW 28 ST. BAY #414					
MIAMI FL 33142 MIAMI FL 33142					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
ı	•				07/29/1998
2. Principal Pl	ace of Business	2a. Mailing Address	. Mailing Address		4. FEI Number
21	•	26	<u></u>		65-0903944 Not Applicable
Suite, Apt.	#, etc.	Suite-Apt. #/etc- =	Suite-Apt. #, etc.		5. Certificate of Status Desired 5. Certificate of Status Desired
22		27			1 66 1/64/1160
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country Zip Cou		Country	,	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
Zip	Country	29 30			Personal Property Tax.
24	9. Name and Address of Current		1		10. Name and Address of New Registered Agent
81 Name					
WAYNE, GEOFFREY M			82	Ctroot A	Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DR, STE 2702			02	Sireel A	Addless (F.O. Box Number is Not Acceptable)
MIAN	AL FL 33131		83		
			84	City	85 Zip Code
					FL '
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	t and title if applicable. (NOTE: Reg	gistered Age	nt signature re	required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D .	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEGG, AHMAD	•	1.2 NAME		·
STREET ADDRESS	3750 NW 28 ST, BAY #414		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP		Change Addition
TITLE	D	☐ DELETE	2.1 TITLE		
NAME	BEGG, ROSEMARY		2.2 NAME		
STREET ADDRESS	3750 NW 28 ST, BAY #414		2.3 STREET ADDRE		
CITY-ST-ZIP	MIAMI FL-33142	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.2 NAME		
NAME			3.2 NAME 3.3 STREET ADD		,
STREET ADDRESS			3.4. CITY-ST-ZIF		<u>'</u>
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE	21-4JP	☐ Change ☐ Addition
TITLE		G 5000.2	4. 2 NAME		
NAME STREET ADDRESS				TADORESS	
} ·			4.4 CITY-9		
CITY-ST-ZIP		DELETE	5.1 TITLE	-	Change Addition
NAME	· ·		5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-9	T-ZIP	<u> </u>
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME]	,
STREET ADDRESS			6.3 STREE	TADDRESS	
l			6.4 CITY-5	T-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:

Rosemary Begg URED

04-19-99

(305) 789-1<u>345</u>