

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Gandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

**95 AUG 10 PM 12:36**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # F24634 (0)**

**1. Corporation Name  
NIAM INC.**

**Principal Place of Business  
10150 N.W. 7TH AVE.  
MIAMI FL 33150**

**Mailing Address  
10150 N.W. 7TH AVE.  
MIAMI FL 33150**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 04/06/1981**      **3a. Date of Last Report 06/21/1994**

**4. FEI Number 65-0005790**      **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**

**7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No**

**2. Principal Place of Business**      **2a. Mailing Address**

**21**      **26**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**22**      **27**

City & State      City & State

**23**      **28**

Zip      Country      Zip      Country

**24**      **25**      **29**      **30**

**9. Name and Address of Current Registered Agent**

**EBOTTON, JOHN  
475 NW 90 STREET  
MIAMI FL 33150**

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**84** City      **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**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>EBOHON, JOHN</b>
<b>STREET ADDRESS</b>	<b>475 NW 90 STREET</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>MILLS, PHILIP</b>
<b>STREET ADDRESS</b>	<b>20250 SW 182 AVE.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>HARRIS-EBOHON, ALTHERIA</b>
<b>STREET ADDRESS</b>	<b>475 NW 90 STREET</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>IDAHOSA, EKE PAUL</b>
<b>STREET ADDRESS</b>	<b>475 N.W. 90TH ST.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>DAREUS, JETTA</b>
<b>STREET ADDRESS</b>	<b>10150 NW 7TH AVE.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>ANISSA L. HARRIS</b>
<b>STREET ADDRESS</b>	<b>10150 NW 7TH AVE</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL. 33150</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 attached sheet.**

**SIGNATURE:** *[Signature]*      **7. 21.95 305-758-6529**

**JOHN P. EBOHON**      (Type Name)      (Daytime Phone #)

CRCE034 (3/95)