

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F24634** (0)
1. Corporation Name

NIAM INC.



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

3. Date Incorporated or Qualified **04/06/1981** 3a. Date of Last Report **08/10/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. 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 **FL** 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 _____ DATE _____
Signature typed here for record. The printed name of the signatory is not applicable. (If the signatory is a corporation, the signatory must be an officer or director.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	EBOHON, JOHN	
STREET ADDRESS	475 NW 90 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/>
NAME	MILLS, PHILIP	
STREET ADDRESS	20250 SW 182 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	HARRIS-EBOHON, ALTHERIA	
STREET ADDRESS	475 NW 90 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	IDAHOSEA, EKE PAUL	
STREET ADDRESS	475 N.W. 90TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/>
NAME	DAREUS, JETTA	
STREET ADDRESS	10150 NW 7TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	HARRIS, ANISSA L	
STREET ADDRESS	10150 NW 7TH AVENUE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 appears in Block 12 or Block 13, as applicable, on an attachment with an address.

SIGNATURE: **JOHN EBOTTON** 7-31-96 305-758-6529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)