

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F24634
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

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3	Date Incorporated or Qualified	3a	Date of Last Report
4	FEI Number	Applied For	
5	Certificate of Status Desired	Not Applicable	
6	Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required	
7	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$5.00 May Be Added to Fees	
8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
EBOHON, JOHN
475 N. W 90 STREET
MIAMI FL 33150

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P EBOHON, JOHN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBOHON, JOHN	1.2 NAME	
STREET ADDRESS	475 N.W. 90 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD MILLS, PHILIP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, PHILIP	2.2 NAME	
STREET ADDRESS	20250 S.W. 182 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D HARRIS- EBOHON <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS- EBOHON	3.2 NAME	
STREET ADDRESS	475 N.W. 90 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D IDAHOSA, EKE PAUL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDAHOSA, EKE PAUL	4.2 NAME	
STREET ADDRESS	475 N.W. 90 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S TYAN, EWOLA <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYAN, EWOLA	5.2 NAME	
STREET ADDRESS	10150 N.W. 7TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI- FL	5.4 CITY-ST-ZIP	
TITLE	D HARRIS, ANISSA L <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ANISSA L	6.2 NAME	
STREET ADDRESS	10150 N.W. 7TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN EBOHON

Date: 4-21-97
Daytime Phone #: 305-758 6529

CR2E034 (9/96)