


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**  
07-21-1999 90008 012 \*\*\*558.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P96000011383</b>	
1. Corporation Name <b>NIECO CORPORATION</b>	

Principal Place of Business 1515 NW 167 ST 110K MIAMI FL 33169 US	Mailing Address 1515 NW 167 ST 110K MIAMI FL 33169 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 02/06/1996	
4. FEI Number 65-0642569	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent OLAIGBE, OLA 18441 NW 2 AVE STE 220 MIAMI FL 33169	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	FABIYI, KEHINDE
STREET ADDRESS	18850 NW 57 AVE #308
CITY-ST-ZIP	MIAMI FL 33015
TITLE	V <input type="checkbox"/> DELETE
NAME	SIMMONS, JULIANAH O
STREET ADDRESS	1515 NW 167TH STREET #110K
CITY-ST-ZIP	MAIMI FL 33169
TITLE	S <input type="checkbox"/> DELETE
NAME	FABIYI, KENNY
STREET ADDRESS	1515 NW 167TH STREET #110K
CITY-ST-ZIP	MIAMI FL 33169
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	JAMES, EMMANUEL O
STREET ADDRESS	1515 NW 167TH STREET #110K
CITY-ST-ZIP	MIAMI FL 33169
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	T AUGUSTA OKDIYE
4.3 STREET ADDRESS	1515 NW 167TH STREET #110K
4.4 CITY-ST-ZIP	MIAMI, FL. 33169
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE OF KEHINDE FABIYI 7/16/99. 305-623-4646

CR2E034 (5/99)