

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S07978** (7)
1. Corporation Name
NIYAN, INC.



Principal Place of Business 11400 W FLAGLER ST MIAMI FL 33174 US	Mailing Address 11400 W FLAGLER ST MIAMI FL 33174-4007 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1990	3a. Date of Last Report 03/04/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0236693		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DARSA, JOSE 1842 N.W. 20TH STREET MIAMI FL 33142		10. Name and Address of New Registered Agent	
		81. Name Jose Darsa	
		82. Street Address (P.O. Box Number is Not Acceptable) 11400 W Flagler St	
		83. City	
		84. City Miami	
		85. Zip Code 33174	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GOLDENTAIER, JANINE <input type="checkbox"/> DELETE	1.1 TITLE Janine Goldentaiier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME 11400 W Flagler St	
STREET ADDRESS		1.3 STREET ADDRESS MIAMI, FL, 33174	PD
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE S	DARSA, JOSE <input type="checkbox"/> DELETE	2.1 TITLE Jose Darsa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME 11400 W Flagler St	S
STREET ADDRESS		2.3 STREET ADDRESS MIAMI, FL, 33174	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, or on an attachment with an address.

SIGNATURE: **JOSE DARSA** *[Signature]* Secretary **3/11/97** 305-5548774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0236431

CR2E034 (9/96)