

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G27006 (7)
1. Corporation Name
HYPERION, INC.

Principal Place of Business
14100 SW 136 ST
MIAMI FL 33186
US

Mailing Address
PO BOX 330072
MIAMI FL 33233
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2268191	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERNSTEIN, JOEL 9701 BISCAYNE BLVD MIAMI FL 33138		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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MAYER, PAUL	1.2 NAME	ELIAS, RICHARD A.
STREET ADDRESS	6290 S.W. 92ND STREET	1.3 STREET ADDRESS	471 ROWNO AVENUE
CITY-ST-ZIP	SOUTH MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	P	2.1 TITLE	D
NAME	BOTZ, EDUARD	2.2 NAME	HEROTH, H.
STREET ADDRESS	14100 SW 136 STREET	2.3 STREET ADDRESS	INDUSTRIALSTRASSE 24
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	6301 ZUG - SWITZERLAND
TITLE	S	3.1 TITLE	
NAME	BERNSTEIN, JOEL	3.2 NAME	
STREET ADDRESS	9701 BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	
NAME	MURPHY, WILLIAM P	4.2 NAME	
STREET ADDRESS	10601 SNAPPER CREEK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STERNER, JOHN	5.2 NAME	
STREET ADDRESS	8930 S.W. 52ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SECKINGER, DAVIEL	6.2 NAME	
STREET ADDRESS	5215 SW 92 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 address.

SIGNATURE:

4-21-98 305-751-3008

CR2E034 (10/97)