

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 282909 (1)

95 JAN 17 PM 1:29

1. Corporation Name  
CYPEN CO INC

Principal Place of Business  
825 ARTHUR GODFREY ROAD  
MIAMI BEACH FL 33140

Mailing Address  
825 ARTHUR GODFREY ROAD  
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1964  
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

4. FEI Number: 59-1085749 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CYPEN, BENJAMIN  
825 ARTHUR GODFREY RD  
MIAMI BEACH FL 33139

81 Name  
82 Street Address (P.O. Box Numbers 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, Title of current agent, name of corporation, and title of preparator

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: PD  
12 NAME: CYPEN, BENJAMIN  
13 STREET ADDRESS: 1530 CLEVELAND ROAD  
14 CITY, ST, ZIP: MIAMI BEACH FL

15 TITLE:  Change  Addition  
16 NAME:  
17 STREET ADDRESS:  
18 CITY, ST, ZIP:

19 TITLE: TD  
20 NAME: CYPEN, STUART A  
21 STREET ADDRESS: 1530 CLEVELAND ROAD  
22 CITY, ST, ZIP: MIAMI BEACH FL

23 TITLE:  Change  Addition  
24 NAME:  
25 STREET ADDRESS:  
26 CITY, ST, ZIP:

27 TITLE: V  
28 NAME: CYPEN, HARRY  
29 STREET ADDRESS: 2375 S.W. 26TH STREET  
30 CITY, ST, ZIP: MIAMI FL

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY, ST, ZIP:

35 TITLE:  
36 NAME:  
37 STREET ADDRESS:  
38 CITY, ST, ZIP:

39 TITLE:  Change  Addition  
40 NAME:  
41 STREET ADDRESS:  
42 CITY, ST, ZIP:

43 TITLE:  
44 NAME:  
45 STREET ADDRESS:  
46 CITY, ST, ZIP:

47 TITLE:  Change  Addition  
48 NAME:  
49 STREET ADDRESS:  
50 CITY, ST, ZIP:

51 TITLE:  
52 NAME:  
53 STREET ADDRESS:  
54 CITY, ST, ZIP:

55 TITLE:  Change  Addition  
56 NAME:  
57 STREET ADDRESS:  
58 CITY, ST, ZIP:

14. I do hereby certify that the information submitted with this filing is substantially true and correct and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment to this report.

SIGNATURE:

*Benjamin Cypen*  
SIGNATURE AND TYPE (OR PRINTED NAME) OF MOBILE OFFICER OR DIRECTOR

JAN. 11, 1995 305-532-3200  
DATE (Type or Print)

BENJAMIN CYPEN