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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 309892
1. Corporation Name
HY-YIELD, INC.

(8)

FILED Jan 28 1997 8:00am Secretary of State



Principal Plac 52 VANDERBIL' NEW YORK NY			C/ 52 NE	Mailing Address C/O AMERIBROM. INC. 52 VANDERBILT AVE NEW YORK NY 10017-3808 US										
									3. 10/07	19 66	ited or Qualified	' ³ ኒ	2/14/1996	Report
2. Principal Place of Business 21				2a. Mailing Address					4. FEI Number 59-1159956 Applied For Not Applicable					
Suite, Apt # etc.				Suite, Apt. #, etc.					5. Certific	ate of S	tatus Desired		\$8.75	Additional Required
City & Stat	le	28	City & State					6. Election Campaign Financing \$5.00 May Be						
Z _i p	Z/p Country			Zip Cou			/		8. This corporation has liability for intangible tax under s. 199.032,					
24 25 9. Name and Address of Curro			29						Florida Statutes Yes No 10. Name and Address of New Registered Agent					
CT	CORPORATIO	N SYSTEM	urrent Hegis	stered Agent		81	1 5		10, Name	and Ad	dress of New F	Registere	id Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						81	1	ame						
PLANTATION FL 33324							St	reet Addre	Address (P.O. Box Number is Not Acceptable)					
						83								i
			******			84		•	,			F	L ' '	Code
11. Pursuant office or r agent ± a	to the provision registered ageri am farn liar with,	is of Sections 60' for both, in the and accept the	7.0502 and € State of Flori obligations o	07.1508, Florida Sta da. Such change wa f, Section 607.0505,	tutes, t is auth Florida	the abov orized b Statute	e-na y the s.	med corpo corporation	oration submi on's board of	ts this s director	tatement for the rs. I hereby acc	purpose ept the a	of changing ppointment a	its registered is registered
SIGNATURE	Signaliae, typed or p	Sinted name of regises	ad agent and the	if applicable (N	IOTE Re	gistered Ag	ent sig	oriature require	ed when reinstating	1)		DATE		·····
12.			S AND DIRE			13.					ANGES TO OFF			RS IN 12
TITLE	T V			DELEYE		1.1 TOLE							☐ Change	
NAME	TILLMAN, AI			*		1.2 NAME								
STREET ACORESS	52 VANDER					1.3 STREET	ADDF	RESS						
CITY - ST - ZIP	NEW YORK	NY				1.4 CITY-5								
TITLE	PD			DELETE		2.1 DILE			nancine		OF Box	-3	Change	Addition
NAME	GRINBAIN,					2.2 NAME		0	(40)	~~	0, 200	 •		_
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CHTY-ST-ZIP	NEW YORK	NY				3.4 CITY-								
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NAME	RODMAN, L					4 2 NAME							- v	
STREET ADDRESS	260 MADISC					4.3 STREET		RESS						
CITY-ST-ZIP	NEW YORK	NY				4.4 CHY-5								
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NAME						52 NAME							·	
STREET ADDRESS	1				1	5 3 STREET	ADDF	RESS						
CITY - S1 - 7/P						5.4 CITY - S								
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NAME	1					6 2 NAME								
STREET ADDRESS						6 3 STREET	ADDE	RESS]
City-St-7-P					1	6 4 City-9								

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this armual 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 chapted, or on an attachment with an address.

SIGNATURE: