

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G27006** (7)

1. Corporation Name
HYPERION, INC.

Principal Place of Business

14100 SW 136 ST
MIAMI FL 33106
US

Mailing Address

PO BOX 330072
MIAMI FL 33233
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/08/1983** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-2268191** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BERNSTEIN, JOEL
9701 BISCAYNE BLVD
MIAMI FL 33138**

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

Register or typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAYER, PAUL
STREET ADDRESS	6290 S.W. 92ND STREET
CITY ST ZIP	SOUTH MIAMI FL
TITLE	P
NAME	BOTZ, EDUARD
STREET ADDRESS	14100 SW 136 STREET
CITY ST ZIP	MIAMI FL
TITLE	S
NAME	BERNSTEIN, JOEL
STREET ADDRESS	9701 BISCAYNE BLVD
CITY ST ZIP	MIAMI FL
TITLE	DC
NAME	MURPHY, WILLIAM P
STREET ADDRESS	10801 SNAPPER CREEK ROAD
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	STERNER, JOHN
STREET ADDRESS	8930 S.W. 52ND AVE
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	FINLEY, JACK D
STREET ADDRESS	14100 SW 136TH STREET
CITY ST ZIP	MIAMI FL 33186

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DANIEL SECKINGER, K.D	
13 STREET ADDRESS	1400 N.W. 128 AVE.	
14 CITY-ST-ZIP	MIAMI FL 33136	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	F. DUWANE TOWNSEN	
23 STREET ADDRESS	8880 RLD SAN DIEGO DR. #500	
24 CITY-ST-ZIP	SAN DIEGO, CA 92108	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (7)(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 if changed, or in an attachment with an address.

SIGNATURE:

JOEL BERNSTEIN, SECRETARY 3/7/95

REGISTERED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System (Print)