

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

• PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Mar 18 1996 8:00 am**  
**Secretary of State**

**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**

3. Date Incorporated or Qualified: **03/08/1983**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **59-2268191**  
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 (21-24) and 2a. Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and 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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MAYER, PAUL
STREET ADDRESS	6290 S.W. 92ND STREET
CITY-ST-ZIP	SOUTH MIAMI FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BOTZ, EDUARD
STREET ADDRESS	14100 SW 136 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BERNSTEIN, JOEL
STREET ADDRESS	9701 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	MURPHY, WILLIAM P
STREET ADDRESS	10601 SNAPPER CREEK ROAD
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STERNER, JOHN
STREET ADDRESS	8930 S.W. 52ND AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
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	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SECKINGER, DANIEL
1.3 STREET ADDRESS	5215 SW 92 STREET
1.4 CITY-ST-ZIP	MIAMI FL 33156
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOWNSEN, F. DUWAIN
2.3 STREET ADDRESS	14100 SW 136 ST.
2.4 CITY-ST-ZIP	MIAMI, FL 33186
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICTOR RANA
3.3 STREET ADDRESS	14100 SW 136 STREET
3.4 CITY-ST-ZIP	MIAMI FL 33186
4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID G. CHESTER HOLD
4.3 STREET ADDRESS	14100 SW 136 STREET
4.4 CITY-ST-ZIP	MIAMI FL 33186
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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, change J, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3-11-96** DAYTIME PHONE #: **305-751-3008**

CR2E034 (12/95)