

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
03/08/1983

3a. Date of Last Report
04/07/1995

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

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 reappointing)

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 10601 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

1.1 TITLE D
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
2.2 NAME TOWNSEN, F. DUWAINB
2.3 STREET ADDRESS 14100 SW 136 ST.
2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE VP
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
4.2 NAME DAVID G. CHESTERHOLD
4.3 STREET ADDRESS 14100 SW 136 STREET
4.4 CITY-ST-ZIP MIAMI FL 33186

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

305-751-3008

Date

Daytime Phone #

CR2E034 (12/95)