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Apr 29 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 03/08/1983 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | |
| 23 | Zip | 28 | Zip | 59-2268191 | |
| 24 | Country | 29 | Country | Applied For | |
| 25 | | 30 | | Not Applicable | |
| g. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired | |
| BERNSTEIN, JOEL 9701 BISCAYNE BLVD MIAMI FL 33138 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| 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. | | | | 85 Zip Code | |
| SIGNATURE | | | | 10. Name and Address of New Registered Agent | |
| Signature typed or printed name of registered agent and title if applicable | | | | FL | |
| (NOTE: Registered Agent signature required when reinstating) | | | | DATE | |

| | | | |
|----------------------------|--------------------------|---|------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D MAYER, PAUL | 1.1 TITLE | D ELIAS, RICHARD A. |
| NAME | 6290 S.W. 92ND STREET | 1.2 NAME | 471 ROUND AVENUE |
| STREET ADDRESS | SOUTH MIAMI FL | 1.3 STREET ADDRESS | CORAL GABLES, FL 33156 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | P BOTZ, EDUARD | 2.1 TITLE | D HEROTH, H. |
| NAME | 14100 SW 136 STREET | 2.2 NAME | INDUSTRIALSTRASSE 24 |
| STREET ADDRESS | MIAMI FL | 2.3 STREET ADDRESS | 6301 ZUG - SWITZERLAND |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | S BERNSTEIN, JOEL | 3.1 TITLE | |
| NAME | 9701 BISCAYNE BLVD | 3.2 NAME | |
| STREET ADDRESS | MIAMI FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | DC MURPHY, WILLIAM P | 4.1 TITLE | |
| NAME | 10601 SNAPPER CREEK ROAD | 4.2 NAME | |
| STREET ADDRESS | MIAMI FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D STERNER, JOHN | 5.1 TITLE | |
| NAME | 8930 S.W. 52ND AVE | 5.2 NAME | |
| STREET ADDRESS | MIAMI FL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D SECKINGER, DAVIEL | 6.1 TITLE | |
| NAME | 5215 SW 92 ST | 6.2 NAME | |
| STREET ADDRESS | MIAMI FL | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with the address.

SIGNATURE: *[Signature]*

4-21-98 305-751-3008

CP2E034 (10/97)