

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K65714**

1. Corporation Name

HYPERION INVESTMENT CORPORATION

Principal Place of Business

12691 SOUTH DIXIE HWY..
MIAMI FL 33156

Mailing Address

12691 SOUTH DIXIE HWY..
MIAMI FL 33156

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90001 014 ***585.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1989

4. FEI Number

65-0100490

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELTMAN, J B
12691 S DIXIE HWY
MIAMI FL 33156

81 Name

Rossz Fiu Corporation

82 Street Address (P.O. Box Number is Not Acceptable)

200 So. Biscayne Blvd., 20th Floor

83

84 City **Miami**

FL

85 Zip Code
33131

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **VELTMAN, J B**
STREET ADDRESS **12691 S DIXIE HWY**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VPS** ☒ DELETE
NAME **VELTMAN, CASSIE**
STREET ADDRESS **12691 SO. DIXIE HIGHWAY**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **T** ☒ DELETE
NAME **LARSEN, SANDRA**
STREET ADDRESS **12691 SO. DIXIE HIGHWAY**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **S/T** ☐ Change ☒ Addition
1.2 NAME **VELTMAN, JB**
1.3 STREET ADDRESS **12691 So. Dixie Hwy.**
1.4 CITY-ST-ZIP **Miami, FL 33156**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 an address.

SIGNATURE:

SIGNATURE
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)