

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P32027 (5)

1. Corporation Name

HY-YIELD BROMINE, INC.



Principal Place of Business

Mailing Address

C/O AMERIBROM, INC.  
52 VANDERBILT AVENUE  
NEW YORK NY 10017

C/O AMERIBROM, INC.  
52 VANDERBILT AVENUE  
NEW YORK NY 10017

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/06/1990

3a. Date of Last Report  
04/27/1995

4. FEI Number

59-3040585

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

1/25/96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEWIS, CALVIN E., JR.  
STREET ADDRESS POST OFFICE BOX 24 N/A  
CITY-STATE-ZIP ROCKY POINT NC

DELETE

TITLE ST  
NAME HERMEL, MEIR  
STREET ADDRESS 52 VANDERBILT AVE.  
CITY-STATE-ZIP NEW YORK NY

DELETE

TITLE CD  
NAME SICHERMANN, DAVID  
STREET ADDRESS 52 VANDERBILT AVE.  
CITY-STATE-ZIP NEW YORK NY

DELETE

TITLE D  
NAME ENGLERT, MEIR, DR.  
STREET ADDRESS POST OFFICE BOX 180 N/A  
CITY-STATE-ZIP BEER SHEVA, ISRAEL

DELETE

TITLE D  
NAME TILLMAN, ALLEN  
STREET ADDRESS 52 VANDERBILT AVE.  
CITY-STATE-ZIP NEW YORK NY

DELETE

TITLE D  
NAME SHAPIRO, DAVID  
STREET ADDRESS POST OFFICE BOX 180 N/A  
CITY-STATE-ZIP BEER SHEVA, ISRAEL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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Change Addition

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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAIM KOREN

1/25/96

Daytime Phone #

CR2E034 (12/95)