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Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address  
C/O AMERIBROM, INC.  
52 VANDERBILT AVENUE  
NEW YORK NY 10017-3808



3. Date Incorporated or Qualified 12/06/1990  
3a. Date of Last Report 02/20/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3040585		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		28					
Zip		Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LEWIS, CALVIN E., JR.	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 24 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKY POINT NC	1.4 CITY - ST - ZIP	
TITLE	VPF	2.1 TITLE	Treasurer
NAME	HAIM, KOREN	2.2 NAME	
STREET ADDRESS	52 VANDERBILT AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	Chairman
NAME	SICHERMANN, DAVID	3.2 NAME	
STREET ADDRESS	52 VANDERBILT AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	RODMAN, LEROY	4.2 NAME	
STREET ADDRESS	280 MADISON AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	Vice President
NAME	TILLMAN, ALLEN	5.2 NAME	
STREET ADDRESS	52 VANDERBILT AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	SHAPIRO, DAVID	6.2 NAME	
STREET ADDRESS	POST OFFICE BOX 180 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	BEER SHEVA, ISRAEL	6.4 CITY - ST - ZIP	

14. I do 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: H. Kornblum REQUIRED

1/27/96  
212-286-4000  
Daytime Phone #

CR2E034 (9/96)