

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

DOCUMENT # **P94000069061 (7)**

1. Corporation Name

**HYM CORP.**



Principal Place of Business

**12584 N KENDALL DRIVE  
MIAMI FL 33186  
US**

Mailing Address

~~4600 NW 93RD DORAL CT  
MIAMI FL 33178~~ **SAME**

3. Date Incorporated or Qualified

**09/18/1994**

3a. Date of Last Report

**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**5149 N.W. 105 CT**

4. FEI Number

**65-0523330**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**MIAMI, FL**

23 Zip

Country

28 Zip

Country

**33178**

**DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEDIATRIX, TANG  
4600 NW 93RD DORAL CT  
MIAMI FL 33178**

81 Name

**Eosrithongkul Yuparat**

82 Street Address (P.O. Box Numbers Not Acceptable)

**5149 N.W. 105 CT**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33178**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

*Eosrithongkul Yuparat*

Date of Registered Agent signature (month/year/day)

**May 14, 1996**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
EOSRITHONGKUL, YUPARAT**  
STREET ADDRESS **5149 NORTHWEST 105TH COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D/S  
MEDIATRIX, TANG**  
STREET ADDRESS **4600 NW 93RD DORAL CT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DYT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eosrithongkul Yuparat*

**May 14, 1996**

(305)

**594-3/30**

CR2E034 (12/95)