

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: 21
22. Suite, Apt. #, etc.:
23. City & State: **MIAMI, FL**
24. Zip: **33178**
25. Country:
26. Mailing Address: **5149 N.W. 105 CT**
27. Suite, Apt. #, etc.:
28. City & State: **MIAMI, FL**
29. Zip: **33178**
30. Country: **DADE**

4. FEI Number: **65-0523330**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 607.1508, 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]*

DATE: **May 14, 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EOSRITHONGKUL, YUPARAT	
STREET ADDRESS	5149 NORTHWEST 105TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	MEDIATRIX, TANG	VT
STREET ADDRESS	4600 NW 93RD DORAL CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DYT	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
2. TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/Y/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HWANG HSIEN-LI	
3.3 STREET ADDRESS	9934 N.W. 57 TERR.	
3.4 CITY-ST-ZIP	MIAMI, FL 33178	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*

DATE: **May 14, 1996** (305) **594-3/30**

CR2E034 (12/95)