


**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90041 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P97000097691

1. Corporation Name  
 HYPO, INC.



Principal Place of Business 115 N.W. 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33169	Mailing Address 115 N.W. 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1997	
21		26		4. FEI Number 65-0794211	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		29			

9. Name and Address of Current Registered Agent KASSIN, ROBERTO 115 N.W. 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33169		10. Name and Address of New Registered Agent	
		81 Name Saby Behar	
		82 Street Address (P.O. Box Number is Not Acceptable) 115 NW 167 Street, Suite 300	
		83	
		84 City North Miami Beach	
		85 Zip Code FL 33169	

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 Saby Behar DATE 2/15/99  
Signature, type or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASSIN, ROBERTO 115 N.W. 167TH STREET NORTH MIAMI BEACH FL 33169	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D, V, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D, V, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Saby Behar 115 NW 167 Street, Suite 300 North Miami Beach, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce R. Jarvis 115 NW 167 Street, Suite 300 North Miami Beach, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D, V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Granvil Tracy 115 NW 167 Street, Suite 300 North Miami Beach, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce R. Jarvis DATE 2/15/99 DAYTIME PHONE # 305-654-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)