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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000068129

1. Corporation Name
 HYH CORP.

Principal Place of Business
 C/O DAVID M. LAZARUS, ESQ.
 235 NORTH UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

Mailing Address
 C/O DAVID M. LAZARUS, ESQ.
 235 NORTH UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address C/O MIMI LEVINE

21 Suite, Apt. #, etc.

26 11510 SHADOW WAY

23 City & State

28 HOUSTON, TX

24 Zip Country

29 77024-5214 30 USA

3. Date Incorporated or Qualified

08/04/1998

4. FEI Number

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 owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

LAZARUS, DAVID M ESQ
 235 NORTH UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS DELETE
 NAME LAWI, SELIM
 STREET ADDRESS 235 N UNIVERSITY DRIVE
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR Change Addition
 1.2 NAME DIANNE TURCAN
 1.3 STREET ADDRESS 12 RUE DE LA CORRATERIE
 1.4 CITY-ST-ZIP 1204 GENEVA, SWITZERLAND

2.1 TITLE SECRETARY/DIRECTOR Change Addition
 2.2 NAME MIMI LEVINE
 2.3 STREET ADDRESS 11510 SHADOW WAY
 2.4 CITY-ST-ZIP HOUSTON, TX 77024-5216

3.1 TITLE DIRECTOR Change Addition
 3.2 NAME MOISHE MEIR LIPSZYC
 3.3 STREET ADDRESS 3500 N. OCEAN BLVD
 3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33308

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 607, 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:

MOISHE MEIR LIPSZYC

1/28/99

954-568-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)