

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90129 048 ***150.00



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

2a. Mailing Address **C/O MIMI LEVINE**

21 Suite, Apt. #, etc.

26 **11510 SHADOW WAY**

22 City & State

27 City & State
HOUSTON, TX

23 Zip Country

28 Zip Country
77024-5216 USA

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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NAME
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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:

[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)