


09081999-90007-039-\$550.00-\$550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000098953</b> Corporation Name <b>MIAMI HYPOS, INC.</b>	

**FILED**

99 OCT 22 PM 2:16



Principal Place of Business 3600 S. DIXIE HWY. MIAMI FL 33133	Mailing Address 3600 S. DIXIE HWY. MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 11/23/1998	4. FEI Number 65-0880670	Applied For Not Applicable
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip	28	Zip	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>ANDRONKIDIS, STEVE</b> <b>3600 S. DIXIE HWY.</b> <b>MIAMI FL 33133</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 Zip Code	

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
<b>OFFICERS AND DIRECTORS</b>		
E	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
REET ADDRESS	ANDRONKIDIS, STEVE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	3600 S. DIXIE HWY.	1.2 NAME
	MIAMI FL 33133	1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP
E		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS		2.2 NAME
ST-ZIP		2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP
E		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS		3.2 NAME
ST-ZIP		3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP
E		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS		4.2 NAME
ST-ZIP		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
E		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS		5.2 NAME
ST-ZIP		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
E		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS		6.2 NAME
ST-ZIP		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

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:

*Steve Andronkidis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)