

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 8:42

DOCUMENT # N20289 (7)

1. Corporation Name

INTERNATIONAL ASSOCIATION FOR RESEARCH ON EPSTEIN-BARR VIRUS AND ASSOCIATED DISEASES, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business ABLASHI, DHARAM PO BOX 835 OLNEY MD 20832 US	Mailing Address % RAYMOND Y. LAU 10900 ROOSEVELT BLVD. NORTH ST. PETERSBURG FL 33716-2308
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1987	3a. Date of Last Report 05/11/1994
4. FEI Number 59-2821283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**LAU, RAYMOND Y.
10900 ROOSEVELT BLVD. NORTH
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City	B5. Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAGANO, JOE
STREET ADDRESS	UNIV OF NC
CITY - ST - ZIP	CHAPEL HILL NC
TITLE	TD
NAME	PEARSON, GARY
STREET ADDRESS	GEORGETOWN UNIVERSITY
CITY - ST - ZIP	WASHINGTON DC
TITLE	SD
NAME	ABLASHI, DHARAM
STREET ADDRESS	NAT. CANCER INSTITUTE
CITY - ST - ZIP	BETHESDA MD
TITLE	D
NAME	MILLER, GEORGE
STREET ADDRESS	YALE UNIVERSITY
CITY - ST - ZIP	NEW HAVEN CT
TITLE	D
NAME	TURSZ, THOMAS
STREET ADDRESS	94805 VILLEJUIF
CITY - ST - ZIP	FRANCE
TITLE	D
NAME	RAAB-TRAUB, NANCY
STREET ADDRESS	UNIVERSITY IF NC AT CHAPEL HILL
CITY - ST - ZIP	CHAPEL HILL NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dharam v. AdDobh* **6/29/95** **(301) 774-7046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR