

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P39100** (3)

1. Corporation Name
KERLIM INCORPORATED

Principal Place of Business	Mailing Address
C/O WILLIAM ATTERBURY 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	C/O WILLIAM ATTERBURY 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/03/1992	3a. Date of Last Report 03/18/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0333389	Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30
Country	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ATTERBURY, WILLIAM
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
(Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FUCHS, LOUIS
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR
CITY - ST - ZIP	ZURICH, SWITZERLAND
TITLE	VD
NAME	FUCHS, ROLF
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR
CITY - ST - ZIP	ZURICH, SWITZERLAND
TITLE	S
NAME	ATTERBURY, WILLIAM W, III
STREET ADDRESS	321 ROYAL POINCIANA PL.
CITY - ST - ZIP	PALM BEACH FL
TITLE	D
NAME	FUCHS, MARTHA
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR
CITY - ST - ZIP	ZURICH, SWITZERLAND
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as provided or on an attachment with an address.

SIGNATURE: _____ DATE: **1/18/95**