FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** CORPORATION ANNUAL REPORT 1997



San**dra** B. Mortham

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Jun 09 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400074832 (4)

BIOLOGICAL RESEARCH & INVESTMENT CORPORATION

Disastral Diago of Dusiness						(100 180 150 1011 1341 1011 1041				
Principal Place of Business Mailing Address										
444 Brickell ave., Suite 51- Miami Fl 33131		444 BRICKELL AVE., SUITE 51-246 MIAMI FL 33131-2403								
					-	Date Incorporated or Chalded	I on Do	o of Look	Donost	
						3. Date Incorporated or Qualified 10/12/1994 3a. Date of Last Report 05/01/1996				
2. Principal Place of Busines		2a. Mailing Address				4. FEI Number Applied For				
21		26							Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
		City & State				6. Election Campaign Financing \$5.00 H				
23		28				Trust Fund Contribution				
Zip 24 25	Country	Z ₁p ∃	Countr	у		8. This corporation has liability for i	ntangible i Yes		s. 199.032,	
	29 29 Address of Current Reg		30]	,	.,	Florida Statutes 10, Name and Address of New Re				
IBC FIDUCIARY II		natorou Agoin	81	iT-	Name	10, Hallo and Addicas of Holl Ha	giotorou A	gon		
100 S.E. 2ND ST			ļ		 					
SUITE 2315	ille i	82			Street Addres	et Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131		83	83			·····				
111K WIII 1 E 00101				_						
			84	1	City	FL 85 Zip Code			o Code	
11. Pursuant to the provision	s of Sections 607 0502 and	607 1508 Florida Stati	ites the abov	. <u></u> /e-n	named corpor	ation submits this statement for the p		.L changing	its registered	
office or registered agen	t, or both, in the State of Flo and accept the obligations	irida. Such change was	authorized b	v th	he corporation	's board of directors. I hereby accep	t the appo	iritment a	is registered	
•	and accept the congations	or, aection 607.0a0a, n	TOTAL STATULE	75.						
SIGNATURE Signature typed or	orinled name of registered agent and ti	itle it applicable (NC	ITE: Registered Ag	jent s	signature required	when reinstating)	DATE			
12.	OFFICERS AND DIR	ECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE DP		DELETE	1.1 TITLE		D			X Change	Addition	
NAME JENSEN, C			1.2 NAME			NSEN, C				
	ELL AVENUE, SUITE 51-2	51-246			DRESS 44	4 BRICKELL AVE #51-:	246			
CITY-ST-ZIP MIAMI FL			1.4 CHY-	S1 - 2	ZIP MI.	AMI FL				
TITLE 1D		DELETE	2 1 THILF		PD		1	X Change	Addition	
NAME HENNING, I			22 NAME			=				
STREET ADDRESS 444 BRICKELL AVENUE, SUITE		46 23 S		I A()	MATERIA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DELA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE	HENNING, U 100 SE 2nd ST. #2315				
CITY-ST-ZIP MAMI FL.			2 4 CITY	S1-		AMI, FL				
TITLE AS		DELETE	3.1 TITLE		1411	APIL) EU		Change	Addition	
NAME CARBAYO,			3.2 NAME							
STREET ADDRESS 444 BRICKELL AVE. #51-246			3.3 STREET ADDRESS		DHESS					
CITY-ST-ZIP MIAMI FL			3.4. C/TY-	S1-	ZIP					
TITLE VP		Z DELETE	4 1 1171.6	_			٦	Change	Addition	
	JENSEN, HERMANN R		4. 2 NAME	4. 2 NAME				\mathcal{M}	1/2/2	
STREET ADDRESS 444 BRICKELL AVE., SUITE 51-248			4.3 STREET ADDRESS		DRESS		<	# 1	1/4/8	
CITY-ST-ZIP MIAMI FL 3	3131		4.4 CITY-	S1 · 7	7IP					
TITLE DS		☐ DELETE	5 1 TITLE	_				Change	Addition	
NAME SMEJDA, L			5.2 NAME							
	ID ST., #2315		5.3 STREE	T AD	DDRESS					
CITY-ST-ZIP MIAMI FL			5 4 CITY -	S1 - Z	716					
TITLE		☐ DELETE	6171718			• •		Change	Addition	
NAME			6.2 NAME			. 4	_			
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14. I do hereby certify that the information supplied with this filing does not quality 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 of an attachment with an address.