

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 422045

(5)

1. Corporation Name

PASTEUR SYSTEMS, INC.

FILED

97 MAY -1 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business ONE ALHAMBRA PLAZA SUITE 1000 CORAL GABLES FL 33134		Mailing Address 5995 PLAZA DRIVE MS 1480 CYPRESS CA 90630-5028	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. Suite 1000	
23. Zip		28. Coral Gables, FL	
24. Country		29. 33134	
25. Country		30. Country	

3. Date Incorporated or Qualified 03/26/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1486041	Applied For 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
8. 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81. Name Gerald B. Sternstein		82. Street Address (P.O. Box Number is Not Acceptable) 215 South Monroe Street	
83. Suite 815		84. City Tallahassee	
85. Zip Code 32301		FL	

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: GERALD B. STERNSTEIN, ESQ. DATE: 4-30-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWELL, WAYNE 5995 PLAZA DRIVE CYPRESS CA 90630 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/T/D Kenneth Rimmer One Alhambra Plaza, Suite 1000 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KONOWIECKI, JOSEPH 5995 PLAZA DRIVE CYPRESS CA 90630 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/S R.J. Arrington, Jr. MD One Alhambra Plaza, Suite 1000 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIVACK, DAVID ONE ALHAMBRA PLAZA STE 1000 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	900002162125-18 -05/01/97--01069--024 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARROTE, IVONNE ONE ALHAMBRA PLAZA STE 1000 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FOLICK, JEFF 5995 PLAZA DR. CYPRESS CA 90630 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Kenneth Rimmer DATE: 4/29/97 DAYTIME PHONE: 313-871-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
K. RIMMER

CR2E034 (9/96)