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

APPROVED
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT # **F92000000507 (5)**

1. Corporation Name

BIOMUNE CORPORATION

Principal Place of Business:
C/O NORTH AMERICAN BIOLOGICALS, INC.
16500 N.W. 15TH AVENUE
MIAMI FL 33169

Mailing Address:
C/O NORTH AMERICAN BIOLOGICALS, INC.
16500 N.W. 15TH AVENUE
MIAMI FL 33169

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 06/24/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0420960 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business (21) Suite, Apt. # etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. # etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

NORTH AMERICAN BIOLOGICALS, INC.
16500 N.W. 15TH AVENUE
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	GURY, DAVID J
STREET ADDRESS	16500 N.W. 15TH AVENUE
CITY-ST-ZIP	MIAMI FL 33169
TITLE	TD
NAME	FERNANDEZ, ALFRED J
STREET ADDRESS	16500 N.W. 15TH AVENUE
CITY-ST-ZIP	MIAMI FL 33169
TITLE	D
NAME	KUMAR, RAJ DR
STREET ADDRESS	16500 N.W. 15TH AVENUE
CITY-ST-ZIP	MIAMI FL 33169
TITLE	S
NAME	ALEXANDER, CONSTANTINE
STREET ADDRESS	C/O ONE INTERNATIONAL PLACE
CITY-ST-ZIP	BOSTON MA 02110

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition (blank)

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 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: [signature] Raj Kumar 5/1/95 305-625-5303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184966 CP