FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F92000000507 (5)**

1. Corporation Name

BIOMUNE CORPORATION

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

2. Principal Place of Business	2a. Mailing Address
21 c/o NABI	26 5800 Park of Commerce Blvd. NW
22 Suite, Apt. #, etc. 5800 Park of Commerce Blvd NW	27 Suite, Apt. #, etc.
23 City & State Boca Raton, FL	28 City & State Boca Raton, Fl
24 Zip 33487 — 25 Country	29 Zip 33487 — 30 Country

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0420950 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: North American Biologicals, Inc.
82 Street Address (P.O. Box Numbers Not Acceptable): 5800 Park of Commerce Blvd N.W.
83
84 City: Boca Raton FL 85 Zip Code: 33487

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 title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GURY, DAVID J		1.2 NAME	
STREET ADDRESS	~~16500 N.W. 15TH AVENUE~~		1.3 STREET ADDRESS	5800 Park of Commerce Blvd. NW
CITY-ST-ZIP	~~MIAMI FL 33169~~		1.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	TD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FERNANDEZ, ALFRED J		2.2 NAME	
STREET ADDRESS	~~16500 N.W. 15TH AVENUE~~		2.3 STREET ADDRESS	5800 Park of Commerce Blvd. NW
CITY-ST-ZIP	~~MIAMI FL 33169~~		2.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	D	☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	KUMAR, RAJ DR		3.2 NAME	
STREET ADDRESS	~~16500 N.W. 15TH AVENUE~~		3.3 STREET ADDRESS	~~5800 Park of Commerce Blvd. NW~~
CITY-ST-ZIP	~~MIAMI FL 33169~~		3.4 CITY-ST-ZIP	~~Boca Raton, FL 33487~~
TITLE	S	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	ALEXANDER, CONSTANTINE		4.2 NAME	
STREET ADDRESS	C/O ONE INTERNATIONAL PLACE		4.3 STREET ADDRESS	950 Massachusetts Ave, Suite 104
CITY-ST-ZIP	BOSTON MA 02110		4.4 CITY-ST-ZIP	Cambridge, MA 02139
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 407-989-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #