

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004744 (6)

1. Corporation Name

AMERICAN INSTITUTE FOR ADVANCED BIOMEDICAL RESEA
RCH INC.

Principal Place of Business

6372 LA COASTA DR., BLDG 5, #203
BOCA RATON FL 33433

Mailing Address

6372 LA COASTA DR., BLDG 5, #203
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 6696 TIBURON CIRCLE

2a. Mailing Address

26 6696 TIBURON CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

Country

24 33433

25 USA

Zip

Country

29 33433

30 USA

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONAFFINI, VITTORIO G PHD
6372 LA COASTA DR., BLDG 5, #203
BOCA RATON FL 33433

81 Name BONAFFINI, VITTORIO

82 Street Address (P.O. Box Number is Not Acceptable)
6696 TIBURON CIRCLE

83

84 City BOCA RATON

FL

85 Zip Code 33433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

July 27th 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC
NAME BONAFFINI, VITTORIO G PHD
STREET ADDRESS 6372 LA COASTA DR., BLDG 5, #203
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME ANA JAQUELINE LIMA LOURENÇO
STREET ADDRESS RUA ALMEIDA PRADO 70
CITY-ST-ZIP FORTALEZA - CE 60.000 BRAZIL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME JUAN CARLOS CHERKEZIAN
STREET ADDRESS 1975 SUNRISE BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

July 27th 1997 (561) 447-6487

CR2E037 (4/97)