

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 29 PM 7:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N29390** (4)  
1. Corporation Name  
**UNIVERSITY BIOCHEMISTRY AND MOLECULAR BIOLOGY FO  
UNDATION, INC.**

Principal Place of Business Mailing Address  
**W.J. WHELAN** **W.J. WHELAN**  
P.O. BOX 016129 P.O. BOX 016129  
MIAMI FL 33101 MIAMI FL 33101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1988** 3a. Date of Last Report **04/08/1994**  
4. FEI Number **65-0125447** 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**  
7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status  **\$68.75 Supplemental  
Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**WHELAN, W.J.**  
**1011 NW 15 STREET**  
**RM 314, GAUTIER BUILDING**  
**MIAMI FL 33138**

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 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 reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>WOESSNER, JACOB F.</b>
STREET ADDRESS	<b>7901 SW 54 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>HUIJING, FRANS</b>
STREET ADDRESS	<b>8761 SW 54 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>AHMAD, FAZAL</b>
STREET ADDRESS	<b>6090 SW 79 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b>
NAME	<b>WHELAN, JOSEPH W</b>
STREET ADDRESS	<b>1011 NW 15TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>SCOTT, Walter A.</b>
STREET ADDRESS	<b>1011 NW 15 Street</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **X** *W.J. Whelan, President* 4/24/95 305-243-3597  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)