


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90002 048 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N29390</b> 1. Corporation Name <b>UNIVERSITY BIOCHEMISTRY AND MOLECULAR BIOLOGY FOUNDATION, INC.</b>		
Principal Place of Business	Mailing Address	
%W.J. WHELAN P.O. BOX 016129 MIAMI FL 33101	%W.J. WHELAN P.O. BOX 016129 MIAMI FL 33101	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 c/o M.P. Deutscher Suite, Apt. #, etc.	26 c/o M.P. Deutscher Suite, Apt. #, etc.	11/22/1988
22 P.O. Box 016129 (M823) City & State	27 P.O. Box 016129 (M823) City & State	4. FEI Number 65-0125447
23 Miami, FL Zip 33101 Country USA	28 Miami, FL Zip 33101 Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHELAN, W.J. 1011 NW 15 STREET RM 316, GAUTIER BLDG. MIAMI FL 33136		81 Name Deutscher, Murray P.	85 Zip Code 33136
		82 Street Address (P.O. Box Number is Not Acceptable) 1011 NW 15 Street	
		83 RM 316, Gautier Bldg.	
		84 City Miami	FL

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 Murray Deutscher Dr. Murray P. Deutscher, President DATE 3/1/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOESSNER, JACOB F.	1.2 NAME	
STREET ADDRESS	7901 SW 54 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUIJING, FRANS	2.2 NAME	
STREET ADDRESS	8761 SW 54 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMAD, FAZAL	3.2 NAME	
STREET ADDRESS	6090 SW 79 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, JOSEPH W	4.2 NAME	
STREET ADDRESS	1011 NW 15TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WALTER A.	5.2 NAME	
STREET ADDRESS	1011 NW 15 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTSCHER, MURRAY P	6.2 NAME	
STREET ADDRESS	3 GROVE ISLE DR, #110	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Murray Deutscher SIGNATURE REQUIRED Dr. Murray P. Deutscher, President TEL: 305-243-3597  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)