

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003820 (8)

1. Corporation Name
IMMUNOLOGY AND RETROVIROLOGY RESEARCH INSTITUTE, INC.



Principal Place of Business
8323 NW 12TH ST
SUITE 109
MIAMI FL 33126

Mailing Address
8323 NW 12TH ST
SUITE 109
MIAMI FL 33126

3. Date Incorporated or Qualified **08/24/1993** 3a. Date of Last Report **03/20/1995**

4. FEI Number **65-0447915** 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

2. Principal Place of Business
21 **4009 N. FEDERAL**
Suite, Apt. #, etc.

2a. Mailing Address
26 **4009 N. FEDERAL HWY**
Suite, Apt. #, etc.

22 City & State
23 **FT LAUDERDALE FL**

24 **33308** 25 Country
27 **FT LAUDERDALE, FL**
28 City & State
29 **33308** 30 Country

9. Name and Address of Current Registered Agent
DAVIS, C DAVID
8323 NW 12TH ST
SUITE 109
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name **LOUIS ROBERTS**
82 Street Address (P.O. Box Number is Not Acceptable)
4009 N. FEDERAL HWY
83
84 City **FT LAUDERDALE FL** 85 Zip Code **33308**

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]* **LOUIS ROBERTS** DATE: **4/2/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPARTI, PAULA MD	
STREET ADDRESS	8323 NW 12TH ST SUITE 109	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAINES, HAROLD	
STREET ADDRESS	8323 NW 12TH ST SUITE 109	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARNESS, MARC	
STREET ADDRESS	8323 NW 12TH ST SUITE 109	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVID, C DAVID	
STREET ADDRESS	8323 NW 12TH ST SUITE 109	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANTHONY LAMARCA	
1.3 STREET ADDRESS	4009 N. FEDERAL HWY	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LOUIS ROBERTS	
2.3 STREET ADDRESS	4009 N. FEDERAL HWY	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
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 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 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]* **ANTHONY LAMARCA** DATE: **4-2-96** (954) 565-1999

CR2E037 (12/95)