

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

2. Principal Place of Business: 21 4009 N. FEDERAL
Suite, Apt. #, etc.
22
City & State: 23 FT LAUDERDALE FL
Zip: 24 33308
Country: 25
2a. Mailing Address: 26 4009 N. FEDERAL HWY
Suite, Apt. #, etc.
27
City & State: 28 FT LAUDERDALE, FL
Zip: 29 33308
Country: 30

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

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: *Anthony Lamarca* LOUIS ROBERTS DATE: 4/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	D ANTHONY LAMARCA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	4009 N. FEDERAL HWY		
1.3 STREET ADDRESS	FT LAUDERDALE, FL 33308		
1.4 CITY-ST-ZIP			
2.1 TITLE	D LOUIS ROBERTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	4009 N. FEDERAL HWY		
2.3 STREET ADDRESS	FT LAUDERDALE, FL 33308		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Anthony Lamarca* ANTHONY LAMARCA 4-2-96 (954) 565-1999
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)