

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000015094 (5)

1. Corporation Name
ADVANCED MYOTHERAPEUTICS, INC.



Principal Place of Business: 9811C 61ST WAY SOUTH, APT. 2513, BOYNTON BEACH FL 33437, US
Mailing Address: 9811C 61ST WAY SOUTH, APT. 2513, BOYNTON BEACH FL 33437, US

3. Date Incorporated or Qualified: 12/22/1992
3a. Date of Last Report: 04/19/1995

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEE Number		Certificate of Status Desired		Election Campaign Financing		Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9811C 61ST WAY SOUTH, APT. 2513, BOYNTON BEACH FL 33437, US		9811C 61ST WAY SOUTH, APT. 2513, BOYNTON BEACH FL 33437, US		65-0378595		<input type="checkbox"/>		<input type="checkbox"/>		Applied For		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8.75 Additional Fee Required		8.75 Additional Fee Required		5.00 May Be Added to Fees		8.75 Additional Fee Required		5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		Trust Fund Contribution		Trust Fund Contribution		Trust Fund Contribution		Trust Fund Contribution	
Zip		Country		Zip		Country		Zip		Country		Zip	
9811C 61ST WAY SOUTH, APT. 2513, BOYNTON BEACH FL 33437, US		US		9811C 61ST WAY SOUTH, APT. 2513, BOYNTON BEACH FL 33437, US		US		9811C 61ST WAY SOUTH, APT. 2513, BOYNTON BEACH FL 33437, US		US		9811C 61ST WAY SOUTH, APT. 2513, BOYNTON BEACH FL 33437, US	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAZARUE, BONNIE 9811C 61 WAY S. BOYNTON BCH FL 33437				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LAZARUS, BONNIE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9811C 61ST SOUTH	1.2 NAME	
STREET ADDRESS	BOYNTON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *[Signature]* 4/16/96 (407) 448-701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)