

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000054379 (0)**

1. Corporation Name
USA RESEARCH INSTITUTE OF BIOLOGIC MEDICINE, INC



Principal Place of Business: **4100 W 15TH AVENUE #403 HIALEAH FL 33012**
Mailing Address: **4100 W 15TH AVENUE #403 HIALEAH FL 33012**

3. Date Incorporated or Qualified: **07/21/1994**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0507191**
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 **4160 W, 16th Avenue**
22 **#403**
23 **Hialeah FL**
24 **33012** 25 **USA**
2a. Mailing Address
26 **4160 W, 16th Avenue**
27 **#403**
28 **Hialeah FL**
29 **33012** 30 **USA**

9. Name and Address of Current Registered Agent
NICOLAS, FRANCISCA
4100 W 15TH AVENUE
#204
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **4160 W 16 AVE**
83 **STE 403**
84 City: **HIALEAH** FL 85 Zip Code: **33012**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMENGOL, SALVADOR	
STREET ADDRESS	1475 W 99 PLACE #104	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICOLAS, FRANCISCA	
STREET ADDRESS	1475 W 99 PLACE #104	
CITY - ST - ZIP	HIALEAH FL 33012	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARMENGOL, SALVADOR	
1.3 STREET ADDRESS	1341 W, 44th Str. Apt 1	
1.4 CITY - ST - ZIP	Hialeah, FL - 33012	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NICOLAS, FRANCISCA	
2.3 STREET ADDRESS	1341 W, 44th Str. Apt 1	
2.4 CITY - ST - ZIP	Hialeah, FL - 33012	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)