


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91232 037 ***150.00

DOCUMENT # P95000051510	
1. Entity Name IMMUNOVISION, INC.	

Principal Place of Business 2140 NORTH MIAMI AVENUE ATTN: DUANE STEELE MIAMI, FL 33127 US	Mailing Address 2140 NORTH MIAMI AVENUE ATTN: DUANE STEELE MIAMI, FL 33127 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

03012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0598135		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
RUBIN, STEVEN D 4400 BISCAYNE BLVD. MIAMI, FL 33137		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP D'URSO, GIORGIO 2140 NORTH MIAMI AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, DUANE 2140 NORTH MIAMI AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS. DEUTSCH, MARK 2140 NORTH MIAMI AVE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CLARK, KEVIN 2140 NORTH MIAMI AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/28/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

IMMUNOVISION, INC.
2140 NORTH MIAMI AVENUE
MIAMI, FLORIDA 33127
305-324-2300
WWW.IVAXDIAGNOSTICS.COM

54051714

P98500051510

DOCUMENT NUMBER: P95000051510
UBR YEAR: 2004
FEDERAL EIN: 65-0598135

THE FOLLOWING IS A COMPLETE LISTING OF THE OFFICERS AND DIRECTORS OF THIS CORPORATION.

NAME TITLE

THESE OFFICERS MAY BE CONTACTED AT THE CORPORATION'S ADDRESS AS ABOVE.

GIORGIO D'URSO DIRECTOR
 PRESIDENT

DUANE STEELE DIRECTOR

MARK DEUTSCH VP-FINANCE
 SECRETARY
 TREASURER

KEVIN CLARK COO