

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000051393 (2)
1. Corporation Name
BIOCARD CORPORATION



Principal Place of Business
2601 S BAYSHORE DR. SUITE 1425
MIAMI FL 33133
6500 SW 114th St.
Miami, FL 33156

Mailing Address
2601 S BAYSHORE DR. SUITE 1425
MIAMI FL 33133-5413
6500 SW 114th St.
Miami, FL 33156

3. Date Incorporated or Qualified: 06/17/1996
3a. Date of Last Report

4. FEI Number 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. City & State: Miami, FL
22. Zip: 33156
23. Country: USA

2a. Mailing Address
26. City & State: Miami, FL
27. Zip: 33156
28. Country: USA

9. Name and Address of Current Registered Agent
ROBERT A. FREEMAN, P.A.
2601 S BAYSHORE DR, SUITE 1425
MIAMI FL 33133

10. Name and Address of New Registered Agent
81. Name: Robert H. Karl, M.D., F.A.C.C.
82. Street Address: 6500 SW 114th St.
83. City: Miami, FL
84. Zip Code: 33156

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: *Robert H. Karl, M.D.* (NOTE: Registered Agent signature required when reinstating) DATE: 4/16/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, ROBERT A.	
STREET ADDRESS	2601 S BAYSHORE DR, SUITE 1425	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Robert H. Karl, M.D., F.A.C.C.	
STREET ADDRESS	6500 SW 114th St.	
CITY - ST - ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert H. Karl, M.D., F.A.C.C.	
1.3 STREET ADDRESS	6500 SW 114th St.	
1.4 CITY - ST - ZIP	Miami, FL 33156	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert H. Karl, M.D.* DATE: 4/16/97 DAYTIME PHONE: 305-595-6211

CR2E034 (9/96)