

FILED

Sep 25 1997 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1997</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # V03064 (5)
1. Corporation Name
GENETIC VECTORS, INC.

Principal Place of Business	Mailing Address
12901 S.W. 63RD COURT MIAMI FL 33156	12901 S.W. 63RD COURT MIAMI FL 33156

				DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business				3a. Date of Last Report			
21 5201 NW 77 th Ave.				3. Date Incorporated or Qualified 12/28/1991			
Suite, Apt. #, etc.				Applied For			
22 Suite 100				Not Applicable			
City & State				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Miami FL				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 33166							
25 US							
2a. Mailing Address							
26 5201 NW 77 th Ave							
Suite, Apt. #, etc.							
27 Suite 100							
City & State							
28 Miami FL							
Zip							
29 33166							
Country							
30 USA							

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MCCABE, MEAD M JR. 12901 S.W. 63RD COURT MIAMI FL 33156		81	Name	McCABE, Mead M. Jr.	
		82	Street Address (P.O. Box Number is Not Acceptable)	5201 NW 77th Ave	
		83		Suite 100	
		84	City	Miami	FL
				85	Zip Code 33161

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	D
NAME	MCCABE, MEAD M SR.	1.2 NAME	James A. Joyce
STREET ADDRESS	12901 S.W. 83RD COURT	1.3 STREET ADDRESS	835 5th Avenue - Suite 202
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	San Diego, CA 92101
TITLE	VDD	2.1 TITLE	D
NAME	MCCABE, MEAD M JR.	2.2 NAME	Allyn L. Golub, PH.D
STREET ADDRESS	3907 LOQUAT AVE.	2.3 STREET ADDRESS	4390 Ingraham Highway
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Coral Gables, Fl. 33133
TITLE	D	3.1 TITLE	D
NAME	CLIFFORD, BILL	3.2 NAME	Jack W. Fell, PH.D
STREET ADDRESS	1292 HAMMOND ST.	3.3 STREET ADDRESS	7201 Mitchell Drive
CITY-ST-ZIP	BANGOR ME	3.4 CITY-ST-ZIP	Miami, Fl. 33158
TITLE	D	4.1 TITLE	
NAME	BURROUGHS, MARK	4.2 NAME	
STREET ADDRESS	12901 S.W. 83RD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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

CR2E034 (4/97)