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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Feb 20 1997 8:00am Secretary of State

FILED

1997
DOCUMENT # **V47333**

(2)

CONSUMER BIOLOGICALS, INC.

Principal Place 1385 CORAL W SUITE 207 MIAMI FL 3314	VAY	Mailing Address 1385 CORAL WAY SUITE 207 MIAMI FL 33145-2941							
US		US				3. Date Incorporated or Qualified 07/01/1992		Date of Last R /01/1996	eport
2. Principal P	ace of Business	2a. Mailing Address	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			4. FEI Number . 65-0345176			optied For of Applicable
Suite, Apr. # etc.		Suite, Apt. #, etc				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip 24	Country 25	7ip	Country	Y		B. This corporation has liability for	intangible		
24	9. Name and Address of Current I	. h h	-1301 T	• • • • • •		10. Name and Address of New R		-	
TC II	eiro, Lui s a Belen		81	N	lame	5 M4 1 marrier miles 1, 10 mm and 2 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			***************************************
1385	CORAL WAY		82			ess (P.O. Box Number is Not Accepta	ble)	····	
	TE 207 MI FL 33145		83	ļ	·				
			84	C	ity		FL	85 Zip (Code
SIGNATURE	egistered agent, or both, in the State of in turnitian with, and accept the obligation Signification of a probability and registered agent OFFICERS AND	Seguro (NC				ed when reinstating) ADDITIONS/CHANGES TO OFF	28/ DATE	97	
12.	Or FIGERS AND	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFF	CERS AN	Change	Addition
NAME	TEJEIRO, LUISA BELEN		1.2 NAME					onange	L_ Addition
S18EEL ADDP: 55	1385 CORAL WAY, SUITE 207		1.3 STREE		ocee				
(-TY-ST-ZIP	MIAMI FL								
THE	VP	DELETE	1.4 CITY - 5 2.1 TITLE	51 - ZII				Change	Addition
I NAME	TEJEIRO, WILLIAM	L_1	2.2 NAME						
STHEET ADDRESS I	1385 CORAL WAY, SUITE 207		2.3 STREE		IDESS				
City Stazie	MIAMI FL		2 4 CITY-			•			
True		DELETE	3.1 TITLE	J. E.				Change	Addition
NAME			3.2 NAME						
STIFEET ASSORESS			3.3 SYREE	T ADD	RESS				
CiTY+S1+ZIP			3.4. CITY-	ST-ZI	iP				
Tritt		DELETE	4.1 TITLE				***************************************	Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADD	RESS				
C Tr · ST · Z/P			4 4 CITY - 1	ST-ZI	Р				
TIFLE		DELETE	5.1 TITLE			·····		Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADD	RESS				
C/17 - ST - 70°			5.4 CITY -	ST-ZI	Р				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME		1				
STREET ADDRESS			6.3 STREE	I ADD	RESS				
F1F5 ST 700			SACITY 5	CT 711					

14. For 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 orientor 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:

GNAT GREAT SECTION OF SECURING OF SECTION OF SECTION

2/17/97 (305)858-7288