

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V47333** (2)
1. Corporation Name
CONSUMER BIOLOGICALS, INC.



Principal Place of Business 1885 CORAL WAY SUITE 207 MIAMI FL 33145-2941 US	Mailing Address 1885 CORAL WAY SUITE 207 MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 555 E. 26 ST. Suite, Apt. #, etc. 22 220 City & State 23 Hialeah FL Zip Country 24 33013 25		2a. Mailing Address 26 555 E. 25 ST. Suite, Apt. #, etc. 27 220 City & State 28 Hialeah FL Zip Country 29 33013 30		3. Date Incorporated or Qualified 07/01/1992	4. FEI Number 65-0345176 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent TEJEIRO, LUISA BELEN 1885 CORAL WAY SUITE 207 MIAMI FL 33145		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 555 E 25 ST 83 Suite 220 84 City Hialeah FL 85 Zip Code 33013	
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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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEJEIRO, LUISA BELEN	1.2 NAME	
STREET ADDRESS	1885 CORAL WAY, SUITE 207	1.3 STREET ADDRESS	555 E. 25 ST. Suite 220
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEJEIRO, WILLIAM	2.2 NAME	
STREET ADDRESS	1885 CORAL WAY, SUITE 207	2.3 STREET ADDRESS	555 E. 25 ST. Suite 220
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HIALEAH, FL 33013
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **Luisa Belen Tejeiro** 3/3/98 (305) 693-7532

CP2E034 (10/97)