

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 15 1996 8:00 am
Secretary of State

DOCUMENT # **822581** (5)

1. Corporation Name
NORTH AMERICAN BIOLOGICALS, INC.



Principal Place of Business: **16500 NW 15TH AVE. MIAMI FL 33169**
Mailing Address: **16500 NW 15TH AVE. MIAMI FL 33169**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/28/1969	05/01/1995
22	26	4. FEI Number	Applied For / Not Applicable
5800 Park of Commerce Blvd NW	5800 Park of Commerce Blvd NW	59-1212264	
23	26	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Boca Raton, FL	Boca Raton, FL	<input type="checkbox"/>	
24	25	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
33487	33487	<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDEZ, ALFRED J. 16500 N.W. 15TH AVE MIAMI FL 33169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 5800 Park of Commerce Blvd NW Boca Raton FL 33487

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: _____ (NOTE: Registered Agent's signature is required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINE, ALEXANDER	1.2 NAME	
STREET ADDRESS	16500 NW 15TH AVENUE	1.3 STREET ADDRESS	5800 Park of Commerce Blvd. U.W.
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	Boca Raton, FL 33487
TITLE	CEO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURY, DAVID J.	2.2 NAME	
STREET ADDRESS	16500 NW 15TH AVENUE	2.3 STREET ADDRESS	5800 Park of Commerce Blvd. U.W.
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	Boca Raton, FL 33487
TITLE	VPF	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ALFRED	3.2 NAME	
STREET ADDRESS	16500 NW 15TH AVENUE	3.3 STREET ADDRESS	5800 Park of Commerce Blvd. U.W.
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	Boca Raton, FL 33487
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, STEPHEN W.	4.2 NAME	
STREET ADDRESS	16500 NW 15TH AVENUE	4.3 STREET ADDRESS	5800 Park of Commerce Blvd U.W.
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	Boca Raton, FL 33487
TITLE	SVP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAR, RAJ	5.2 NAME	
STREET ADDRESS	16500 NW 15TH AVENUE	5.3 STREET ADDRESS	5800 Park of Commerce Blvd U.W.
CITY, ST, ZIP	MIAMI FL	5.4 CITY, ST, ZIP	Boca Raton, FL 33487
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGIKES, PAUL W.	6.2 NAME	Thomas P. Stagnaro
STREET ADDRESS	P.O. BOX 2273 N/A	6.3 STREET ADDRESS	Executive VP & Director
CITY, ST, ZIP	ROLLING HILLS CA	6.4 CITY, ST, ZIP	5800 Park of Commerce Blvd U.W. Boca Raton, FL 33487

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registrar 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: *Alfred J. Fernandez* **407-489-5800**
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)