


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000004137 (3) 1. Corporation Name COOLEY'S ANEMIA INTERNATIONAL, INC.					
Principal Place of Business C/O ROSA & CAPANO 445 NORTHERN BLVD GREAT NECK NY 11021		Mailing Address C/O ROSA & CAPANO 445 NORTHERN BLVD GREAT NECK NY 11021			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/13/1996 4. FEI Number 11-3239476 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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAPANO, SALVATORE 22952 GREENVIEW TERRACE BOCA RATON FL 33433				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 1/6/98 NOTE: Registered Agent Signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPANO, SALVATORE		1.2 NAME		
STREET ADDRESS	141 NE 20TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPANO, GERALD		2.2 NAME		
STREET ADDRESS	3536 DELAVALL AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRONX NY		2.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPANO, CAROL		3.2 NAME		
STREET ADDRESS	3536 DELAVALL AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRONX NY		3.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMITA, MAURO		4.2 NAME		
STREET ADDRESS	500 MAMARONECK AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HARRISON NY		4.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPANO, RONALD F		5.2 NAME		
STREET ADDRESS	445 NORTHERN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMANO, LOUIS		6.2 NAME		
STREET ADDRESS	500 MAMARONECK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HARRISON NY		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **TURBULENCE REQUIRED**

CR2E037 (10/97)