FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069635 (9)

1. Corporation Name
CASH BLOOD BANK INC.

Principal Place of Business	Mailing Address
10796 LA REINA RD. DELRAY BEACH FL 33446	10796 LA REINA RD. DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 2380 Hammondville Rd.	26 2380 Hammondville Rd.
Suite, Apt. #, etc. 22 Suite 3	Suite, Apt. #, etc. 27 Suite #3
City & State 23 Pompano Beach FL	City & State 28 Pompano Beach FL
Zip / Country 24 33069 / 25 US	Zip / Country 29 33069 / 30 US

4. FEI Number: 65-0441209 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NOLAN, WENDY
10796 LA REINA RD.
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name: BRUCE C. ROSETO
82 Street Address (P.O. Box Number is Not Acceptable): 2380 Hammondville Rd.
83 Suite 3
84 City: POMPANO BEACH FL 85 Zip Code: 33069

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] PRESIDENT — 1/19/95
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	PRESIDENT	☒ Change ☐ Addition
NAME	NOLAN, WENDY	1.2 NAME	BRUCE C. ROSETO	
STREET ADDRESS	10796 LA REINA RD.	1.3 STREET ADDRESS	2380 Hammondville Rd.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	1.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		2.1 TITLE	CHIEF OPERATING OFFICER	☐ Change ☒ Addition
NAME		2.2 NAME	MOGENS WASSERMANN	
STREET ADDRESS		2.3 STREET ADDRESS	2380 Hammondville Rd.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pompano Beach, FL. 33069	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: [signature] 1/19/95 305-975-5867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
BRUCE C. ROSETO

0283402 GP