

Date Due:

Amount  
Due:If After  
Due Date:CORPORATION  
ANNUAL REPORT  
199 8FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR 10 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA1. Name and Mailing Address of Corporation: **DOCUMENT # P95000092257**UNITED STATES BLOOD BANK, INC.  
3899 N.W. 7th Street  
Suite 200  
Miami, Florida 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/05/953a. Date of Last Report  
01/22/97FILING FEE  
\$200.00ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE4. FEI Number  
65-0622893Applied For  
Not Applicable

2. Mailing Address

2a. Principle Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status\$138.75 Supplemental  
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Julio Villegas  
6430 S.W. 43rd Street  
Miami, Florida 33155

81 Name

Julio Villegas

82 Street Address (P.O. Box Number is Not Acceptable)

6430 S.W. 43rd Street

83

84 City

Miami

FL

85 Zip Code

33155

86 Country

Dade

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE

DATE

4/9/98

12. OFFICERS AND DIRECTORS

1.1 TITLE President/Director  
1.2 NAME Julio Villegas  
1.3 ADDRESS 6430 S.W. 43rd Street  
1.4 CITY - ST - ZIP Miami, Florida 331552.1 TITLE Vice President/Secretary/Director  
2.2 NAME Rafael Prieto  
2.3 ADDRESS 191 N.W. 58th Avenue  
2.4 CITY - ST - ZIP Miami, Florida 331263.1 TITLE  
3.2 NAME  
3.3 ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE  
4.2 NAME  
4.3 ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE  
6.2 NAME  
6.3 ADDRESS  
6.4 CITY - ST - ZIP

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE  
1.2 NAME  
1.3 ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE  
2.2 NAME  
2.3 ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE  
3.2 NAME  
3.3 ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE  
4.2 NAME  
4.3 ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE  
6.2 NAME  
6.3 ADDRESS  
6.4 CITY - ST - ZIP300002491203--9  
-04/16/98--01107--008  
\*\*\*\*150.00 \*\*\*\*150.00

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name is listed in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE

DATE

4/9/98

Print/Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number

Julio Villegas

President

(305) 448-6800