AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # G75769

(3)

1. Corporation Name

MEDCHEM CORP.

Principal Place of Business	Mailing Address
6622 THOROUGHBRED LOOP ODESSA FL 33556 US	6622 THOROUGHBRED LOOP ODESSA FL 33556 US

3. Date Incorporated or Qualified: 12/22/1983

3a. Date of Last Report: 01/26/1995

2. Principal Place of Business
21: 4093 NORTH IMPERIAL WAY
Suite, Apt. #, etc. 22:
City & State 23: PROVO, UTAH
Zip 24: 84604 Country 25: UTAH

2a. Mailing Address
26: 4093 NORTH IMPERIAL WAY
Suite, Apt. #, etc. 27:
City & State 28: PROVO, UTAH
Zip 29: 84604 Country 30: UTAH

4. FEI Number: 59-2356945 ☐ 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

CALL, EUGENE
6622 THOROUGHBREED LOOP
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name: JONI CESTARI
82 Street Address (P.O. Box Number is Not Acceptable): 9638 NORTHWEST 27th STREET
83:
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: JONI CESTARI — 7-21-96
Signature of, and 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CALL, EUGENE C. 6622 THOROUGHBREED LOOP ODESSA FL 33556 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CD CALL, EUGENE C. 4093 NORTH IMPERIAL WAY PROVO, UTAH 84604 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CALL, MARVA 6622 THOROUGBREED LOOP ODESSA FL 33556 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	STD CALL, MARVA 4093 NORTH IMPERIAL WAY PROVO, UTAH 84604 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIGOBERTO, TORRES A 526 GRANADA GARLAND TX 75043 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TORRES, CYNTHIA 526 GRANADA GARLAND TX 75043 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	700001907577 -07/30/96--01037--016 ***225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. Each person signing the original or supplemental report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 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: EUGENE C. CALL — 7-21-96 — 801-224-5913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102114 CP