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PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G84802

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MY-EV PHARMACEUTICALS, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2500 UNIVERSITY DRIVE 2500 UNIVERSITY DRIVE SUNRISE FL 33322 SUNRISE FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2386909 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Žip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHLAM. HOLLIS 2500 UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 City Zip Code 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, typed or printed name of registered agent and the 8 applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ___ Addition TITLE 1.1 TITLE SCHLAM, HOLLIS NAME 1.2 NAME 2500 UNIVERSTIY DRIVE STREET ADDRESS 1.3 STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP 1.4 C(TY - ST - Z(P DELETE TITLE 2.1 TITLE Change __ Addition RECHTER, MARVIN NAME 2500 UNIVERSITY DRIVE STREET ADDRESS 23 STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP 2 4 CiTY-ST-ZiP DELETE TITLE Change Addition 3 1 TITLE 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 101.8 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change ■ Addition 6.1 TITLE 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 vistee empowered to execute this report of required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address.

SIGNATURE

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