FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State DOCUMENT # J93616 1. Entity Name 05-23-2002 90063 004 ***158.75 HOTAC CORP. Principal Place of Business Mailing Address 158,40000 % DONALD S. ROSENBERG 2930 NW 87TH TERR ONE S.E. THIRD AVE. **CORAL SPRINGS FL 33065** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2848002 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARAVELLA JR., JOSEPH P. ddress (P.O. Box Number is Not Acceptable) 2930 N.W. 87TH TERRACE **CORAL SPRINGS FL 33065** NU 874h le male 8. The above named entity submits this statement for the purpose of changing its re-9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Delete TITLE ☐ Change ☐ Addition TARAVELLA, MARK J. NAME 2641 YACHT CLUB BLVD. STREET ADDRESS CR2E034 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change __ Addition NAME HOFMANN, ROBERT L. NAME 3161 N.W. 112TH AVE. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP SD-:Delete: ____Change Addition NAME CROSS, TIMOTHY D. STREET ADDRESS 1881 UNIVERSITY DR. STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition TARAVELLA, JOSEPH P. JR NAME NAME STREET ADDRESS 2930 N.W. 87TH TERR. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND THE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

oseph P. Taravelle, In

954 240 5005 Daytime Phone #

Daytime Phone i