2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State FILED P01000038220 DOCUMENT # 1. Entity Name HTK CORPORATION 05-14-2002 90309 013 ***150.00 Principal Place of Business Mailing Address 7000 N.W. 52ND STREET 7000 N.W. 52ND STREET MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1115254 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT W. STEWART, P.A. Street Address (P.O. Box Number is Not Acceptable) 999 BRICKELL AVENUE **SUITE 1006** MIAM) FL 33131 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Addition Bullen, James I NAME Bullan, James 7000 N.W. 52ND STREET 7000 NW 52ND STREET MIGMI FL 33116 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Moffat, Terry H. NAME STREET ADDRESS 7000 KW SZND STreet STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33/16 ☐ Delete TĪTLE ☐ Change Addition Mertins Marcio NAME 7000 XW 52 NO Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP M/AM/ FL 33/16 TITLE ☐ Delete TITLE Addition ☐ Change Drozco, Hanry 7000 NW SZNO Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition A NAME NAME

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 attachmen with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP