

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA
ARTICLE 10, SECTION 10.01

1995



OFFICE OF SECRETARY OF STATE

1000 BANK BUILDING

TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

MAY 10 AM 10:35

DOCUMENT # P92000004279 (5)

WHAT'S HOT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C/O DENISE ROBINSON
610 NE 124TH ST
NORTH MIAMI FL 33161

C/O DENISE ROBINSON
610 NE 124TH ST
NORTH MIAMI FL 33161

2. Filing Date	20. Filing Address	3. Date of Incorporation	3a. Date of Incorporation
21. State of Incorporation	26. State of Incorporation	11/09/1992	07/15/1994
22. Filing Fee	27. Filing Fee	4. Filing Number	Applied Fee
23. Filing Fee	28. Filing Fee	65-0367945	Not Applicable
24. Filing Fee	29. Filing Fee	5. Certificate of Status (Required)	\$8.75 Additional Fee Required
25. Filing Fee	30. Filing Fee	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Filing Fee	31. Filing Fee	7. This corporation has liability for intangible tax under § 199.042, Florida Statutes.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBINSON, DENISE 610 NE 124TH ST. NORTH MIAMI FL 33161	81. Name 82. Street Address (If a Number is Not Applicable) 83. 84. City FL 85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation has duly complied with the provisions of Section 199.042 and 199.043, Florida Statutes, for the purpose of having its registered office in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation with and accept the obligations of Section 199.042, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME DPS ROBINSON, DENISE 610 NE 124TH ST. NORTH MIAMI FL 33161	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP
NAME STREET ADDRESS CITY, STATE, ZIP	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
NAME STREET ADDRESS CITY, STATE, ZIP	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
NAME STREET ADDRESS CITY, STATE, ZIP	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP
NAME STREET ADDRESS CITY, STATE, ZIP	13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP
NAME STREET ADDRESS CITY, STATE, ZIP	16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP
NAME STREET ADDRESS CITY, STATE, ZIP	19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not comply for this corporation stated in Section 199.042, Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 owner or holder empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *Denise M. Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/95 305 891 2937