

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90001 041 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000073493**

1. Corporation Name  
**DOCTOR CLEAN CORPORATION**



Principal Place of Business 800 - 71ST ST. MIAMI BEACH FL 33141	Mailing Address 800 - 71ST ST. MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/21/1995**

2. Principal Place of Business 21 <b>3040 NE 190TH STREET</b> Suite, Apt. #, etc. 22 <b>#216</b> City & State 23 <b>NORTH MIAMI, FLORIDA</b>	2a. Mailing Address 26 <b>P.O. BOX 416660</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI BEACH, FLORIDA</b> Zip 29 <b>33141</b> Country 30 <b>MIAMI DADE</b>
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4. FEI Number <b>65-0618585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOCCO, RODOLFO G**  
 800 - 71ST STREET  
 MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name <b>ELIECER HOYOS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3040 NE 190TH STREET #216</b>
83
84 City <b>NORTH MIAMI</b> FL Zip Code <b>33180</b>

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 agents 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: *[Signature]* DATE: **03/15/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOCCO, RODOLFO G</b>
STREET ADDRESS	<b>1162 - 103RD ST.</b>
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HOYOS, ELIECER</b>
STREET ADDRESS	<b>300 - 69TH ST., STE. 2</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE
NAME	<b>BOCCO, RODOLFO G</b>
STREET ADDRESS	<b>1162 103RD STREET</b>
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL</b>
TITLE	<b>VPTD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ELIECER, HOYOS</b>
STREET ADDRESS	<b>300 69TH STREET, #2</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VICE-PRESIDENT</b>
2.3 STREET ADDRESS	<b>ELIECER HOYOS</b>
2.4 CITY-ST-ZIP	<b>3040 NE 190TH STREET #216</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VICE-PRESIDENT</b>
4.3 STREET ADDRESS	<b>ELIECER HOYOS</b>
4.4 CITY-ST-ZIP	<b>3040 NE 190TH STREET #216</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE: **03/15/99** (305) 299-5205

CR2E034 (1/198)