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

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:04

DOCUMENT # J91445 (3)

1. Corporation Name
HAZARDOUS WASTE CLEANUP, INC.

Principal Place of Business
160 NORTHWEST 176TH STREET, ROOM 403
MIAMI FL 33169

Mailing Address
160 NORTHWEST 176TH STREET, ROOM 403
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1987
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0010319 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LEITER, MARTIN
160 NORTHWEST 176TH STREET, ROOM 403
MIAMI FL 33169

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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
(Signature (Name) of Registered Agent on the Reverse) NOTE: Registered Agent signature required when resigning DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PDST | ☒ Change ☐ Addition |
| NAME | LEITER, MARTIN | 12 NAME | Leiter, Martin | |
| STREET ADDRESS | 160 NW 176TH ST., STE 403 | 13 STREET ADDRESS | 160 NW 176 St. Suite 403 | |
| CITY, ST, ZIP | MIAMI FL | 14 CITY-ST-ZIP | Miami Fl | |
| TITLE | VD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | PEREZ, GEORGE | 22 NAME | | |
| STREET ADDRESS | 160 NW 176TH ST., STE. 403 | 23 STREET ADDRESS | | |
| CITY, ST, ZIP | MIAMI FL | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | LEITER, JACKIE | 32 NAME | | |
| STREET ADDRESS | 160 NW 176TH ST., STE. 403 | 33 STREET ADDRESS | | |
| CITY, ST, ZIP | MIAMI FL | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY, ST, ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY, ST, ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY, ST, ZIP | | 64 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

SIGNATURE: [signature] 1/26/95 305 652-5733
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — (Area Code)

0195161 CP