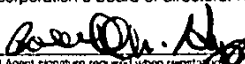
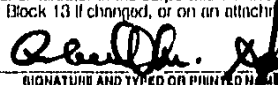


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 APR -7 PM 12:01	
DOCUMENT # G62987 (4)					
1. Corporation Name B.H. TESTING, INC.					
Principal Place of Business % ROBERT M. HOPP 2530 W. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311		Mailing Address 2530 W OAKLAND PARK BLVD STE 111 FORT LAUDERDALE FL 33311 US		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21 2760 W. OAKLAND PARK BLVD		2a. Mailing Address 26 2760 W. OAKLAND PARK BLVD		3. Date Incorporated or Qualified 09/28/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 04/07/1994	
City & State 22 FORT LAUDERDALE, FL		City & State 27 FORT LAUDERDALE FL		4. FEI Number 59-2329223	
Zip 24 33311		Country 25 USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐		6. Election Campaign Financing Trust Fund Contribution ☐		\$8.75 Additional Fee Required \$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 HOPP, ROBERT M 2530 W OAKLAND PK BLVD FT LAUDERDALE FL 33311				10. Name and Address of New Registered Agent 81 Name Hopp, Robert M. 82 Street Address (P.O. Box Number is Not Acceptable) 2760 W. OAKLAND PARK BLVD 83 84 City Fort Lauderdale FL 85 Zip Code 33311	
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  DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 address.					
SIGNATURE:  Pres. Robert M. Hopp 1-31-95 305-485-3322					