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

APPROVED AND FILED
95 MAY -1 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001545714
-07/25/95--01097--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000011479

1. Corporation Name
C D S DIAGNOSTIC SERVICE, INC.
780 N.W. 42nd AVE SUITE 621
MIAMI, FLORIDA 33126

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 02/15/93
3a. Date of Last Report:

2. Principal Place of Business		2a. Mailing Address	
21	780 N.W. 42ND AVE	26	780 N.W. 42nd Ave
22 Suite, Apt. #, etc.	SUITE 621	27 Suite, Apt. #, etc.	Suite 621
23 City & State	MIAMI, FLORIDA	28 City & State	Miami, Florida
24 Zip	33126	29 Zip	33126
25 County	DADE	30 County	DADE

4. FEI Number: 65-0387335 ☐ 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

Heriberto J. Sosa
2151 S.W. 142nd Avenue
Miami, Fla 33175

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, Typed or Printed Name, Registered Agent and Title if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Dir/Pres.	☐ Change ☐ Addition
NAME	Heriberto J. Sosa	
STREET ADDRESS	2151 SW 142nd Ave	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	Dir/Secr.	☐ Change ☐ Addition
NAME	Hugo Oliva	
STREET ADDRESS	14383 SW 38th Street	
CITY-ST-ZIP	Miami, FL 33175	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Heriberto J. Sosa — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/95 — Date

(305)591-9931 — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED

FLORIDA

DOCUMENT # P93000011987

1. Corporation Name

EXPRO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
655 FULTON STREET, #8 SANFORD, FL 32771	655 FULTON STREET, #8 SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
2/09/93	1994

2. Principal Place of Business	2a. Mailing Address
21 532 N. SEGRAVE STREET	26 532 N. SEGRAVE STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DAYTONA BEACH, FL	City & State 28 DAYTONA BEACH, FL
Zip / Country 24 32114-2699 / 25 U.S.A.	Zip / Country 29 32114-2699 / 30 U.S.A.

4. FEI Number: 59-3176263 ☐ 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	10. Name and Address of New Registered Agent
GLEN T. ROJAK 532 N. SEGRAVE STREET DAYTONA BEACH, FL 32114-2699	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 607.1908, 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: _____ GLEN T. ROJAK 6/17/95
Signature of current registered agent or new agent (NEW Registered Agent signature required when mandated) — Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP PRESIDENT / DIRECTOR GLEN T. ROJAK 532 N. SEGRAVE STREET DAYTONA BEACH, FL 32114-2699	☐ Change ☐ Addition 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP 400001547754 -07/27/95--01064--007 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP TG 7/27/95	☐ Change ☐ Addition 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP

14. I declare(d), certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 added to the report or on an attachment with an address.

SIGNATURE: _____ GLEN T. ROJAK, PRESIDENT 6/17/95 (904) 253-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #