

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H05787 (7)**

1. Corporation Name
H.R.M. INTERNATIONAL, INC.



Principal Place of Business: **5900 SW 73 ST #304 MIAMI FL 33143**
Mailing Address: **5900 SW 73 ST #304 MIAMI FL 33143**

3. Date Incorporated or Qualified: **05/30/1984**
3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business: **104 CRANDON BLVD.**
2a. Mailing Address: [Blank]

Suite, Apt. #, etc.: **#422**
Suite, Apt. #, etc.: [Blank]

City & State: **Key Biscayne, FL**
City & State: [Blank]

Zip: **33149-1572** Country: **U.S.**
Zip: [Blank] Country: [Blank]

4. FEI Number: **59-2409753**
Applied For: [Blank]
Not Applicable: [Blank]

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

ROCHA, PAUL
~~5900 S.W. 73RD ST #304 MIAMI FL 33143~~
104 Crandon Blvd. #422 Key Biscayne, FL 33149-1572

81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] 85 Zip Code: **FL**

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: *Paul Rocha* DATE: **2-16-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DELETE
NAME: **DTP ROCHA, PAUL**
STREET ADDRESS: ~~5900 SW 73 ST #304 MIAMI FL~~ **104 Crandon Blvd. #422 Key Biscayne, FL 33149-1572**
CITY - ST - ZIP: [Blank]
TITLE: DELETE
NAME: **DSV ROCHA, LEANORA V.**
STREET ADDRESS: ~~5900 SW 73 ST #304 MIAMI FL~~ **104 Crandon Blvd. #422 Key Biscayne, FL 33149-1572**
CITY - ST - ZIP: [Blank]
TITLE: DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]
TITLE: DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

1.1 TITLE: Change Addition
1.2 NAME: [Blank]
1.3 STREET ADDRESS: [Blank]
2.1 TITLE: Change Addition
2.2 NAME: [Blank]
2.3 STREET ADDRESS: [Blank]
3.1 TITLE: Change Addition
3.2 NAME: [Blank]
3.3 STREET ADDRESS: [Blank]
3.4 CITY - ST - ZIP: [Blank]
4.1 TITLE: Change Addition
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY - ST - ZIP: [Blank]
5.1 TITLE: Change Addition
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY - ST - ZIP: [Blank]
6.1 TITLE: Change Addition
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY - ST - ZIP: [Blank]

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)(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: *Paul Rocha* DATE: **2-16-96** TELEPHONE: **305-365-9422**

CR2E034 (12/95)