FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H05787

H.R.M. INTERNATIONAL, INC.

(7)

FILED Jan 28 1997 8:00am Secretary of State

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Principal Place of Business			Mailing Address				1 (DECENT MISS DER DES DICHT SOODS DERST TROC DESSEY DICHT GIGET ANDES DICHT GEGER SONS			
104 CRANDON BLVD			104 CRANDON BLVD							
#422			#422							
KEY BISCAYNE FL 33149-1542			KEY BISCAYNE FL 33149	9-1542						
US		(US				 Date Incorporated or Qualified 05/30/1984 	3a. Dat 02/2	le of Last R 21/1996	teport
2. Principal Pl	ace of Business	2	a. Mailing Address				4. FEI Number		Ar	pplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27 City & State				59-2409753			ot Applicable
							5. Certificate of Status Desired	\$8.75 Additional Fee Required		
							6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to			
Zip	Country		Zip	Cou	untry	,	8. This corporation has liability for in			
	25	29		30			Florida Statutes	Yes [] No	
	9. Name and Address	of Current Reg	istered Agent				10. Name and Address of New Reg	distered A	gent	
ROC	HA, PAUL				81	Name				
	CRANDON BLVD, #42	2			PA	Ctro-1 A cl-1	roon (D.O. Boy Number in Not Aggreen	le)		
	BISCAYNE FL 33149	=			B2	Street Add	ress (P.O: Box Number is Not Acceptab	ie)		
1151					83					
					84	City			85 Zip	Code
							poration submits this statement for the p	<u>FL</u>		
IGNATURE 2.		registered agent and t		OTE Registere	d Age	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
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14. I do horeby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR