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

Jan 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H05787 (7) H.R.M. INTERNATIONAL, INC. Principal Place of Business Mailing Address 104 CRANDON BLVD 104 CRANDON BLVD #422 KEY BISCAYNE FL 33149-1542 DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149-1542 US 3. Date Incorporated or Qualified 05/30/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2409753 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROCHA, PAUL 104 CRANDON BLVD, #422 Street Address (P.O. Box Number is Not Acceptable) **KEY BISCAYNE FL 33149** 83 84 City 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 agent, or both, in the Sale 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. · 15·98 **SIGNATURE** (NOTE: Registered Agent signalure required when reinstating) 12. OFFICERS AND DIRECTORS CR2E034 (10/97 13. DELETE Change Addition TITLE 11 DILE ROCHA, PAUL NAME 1.2 NAME 104 CRANDEN BLVE, #422 STREET ADORESS 1.3 STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITL F 2.1 TITLE ROCHA, LEANORA V. 2.2 NAME 104 CRANDON BLVD, #422 STREET ADDRESS 23 STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP 2 4 City-St-7iP ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 THLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby 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 trusted 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.

1.15.98

305-365-9422

FILED