

DOCUMENT # H05787
 1. Entity Name
H.R.M. INTERNATIONAL, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90046 030 ***150.00

Principal Place of Business Mailing Address
 104 CRANDON BLVD #412 104 CRANDON BLVD #412
 #422 #422
 KEY BISCAYNE FL 33149-1542 KEY BISCAYNE FL 33149-1542
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 104 CRANDON BLVD 104 CRANDON BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 412 412

City & State City & State
 KEY BISCAYNE, FL KEY BISCAYNE, FL
 Zip Country Zip Country
 33149-1542 US 33149-1542 US

4. FEI Number **59-2409753** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
 ROCHA, PAUL
 104 CRANDON BLVD, #422 #412
 KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make CHECK Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DTP	<input type="checkbox"/> Delete
NAME	ROCHA, PAUL	
STREET ADDRESS	104 CRANDEN BLVE, #422	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	ROCHA, LEANORA V.	
STREET ADDRESS	104 CRANDON BLVD, #422	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Rocha Date: Jan. 05/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)