

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N23078 (1)**
 1. Corporation Name
HELEN MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2421 LAKE PANCOAST DRIVE MIAMI BEACH FL 33140

3. Date Incorporated or Qualified **10/19/1987** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

25 Country 30 Country

4. FEI Number **22-2988133** 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

~~RIEDEL, RICARDO N.
 426 LINCOLN RD STE 437
 MIAMI BCH FL 33139~~

~~deleted~~ **KEN LIEBER**
2421 Lake Pancoast Dr.
Penthouse apt 29.
Miami Beach FL 33140

81 Name **KEN LIEBER**
 82 Street Address (P.O. Box Number is Not Acceptable) **2421 Lake Pancoast Dr.**
 83 **Apt - Penthouse apt**
 84 City **Miami beach Fl.** FL 85 Zip Code **33140**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **6/26/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRETZER, JOANNE	
STREET ADDRESS	2421 LAKE PANCOAST DR.	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATCHELDER, THOMAS	
STREET ADDRESS	2421 PANCOAST DR.	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROCK, JOSEPH	
STREET ADDRESS	2421 LAKE PANCOAST DR.	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUZET, JANET	
STREET ADDRESS	2445 LAKE PANCOAST DR	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUILLEN, TOMAS	
STREET ADDRESS	2445 LAKE PANCOAST DR	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLETTE, CLINT	
STREET ADDRESS	2421 LAKE PANCOAST DR	
CITY - ST - ZIP	MIAMI BEACH FL 33140	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	King, ROBERT (Director)
1.3 STREET ADDRESS	8209 NW 201 Ter
1.4 CITY - ST - ZIP	Norland Fl. 33015
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KEN LIEBER - Secretary
5.3 STREET ADDRESS	2421 Lake Pancoast Dr. TRES.
5.4 CITY - ST - ZIP	Penthouse apt Miami beach FL 33140
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (305) 531-6402
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOANNE BRETZER** Date Daytime Phone #
 0007321

CR2E037 (3/96)