FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:44

DOCUMENT # L34954 (2)

1. Corporation Name
HELM BANK

Principal Place of Business	Mailing Address
1312 SOUTH MIAMI AVE., MIAMI FL 33130	1312 SOUTH MIAMI AVE., MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1989
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0159184 ☐ 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

NOR REQUIRED PURSUANT TO FLORIDA STATUTES
CHAPTER 607.034 (2)
, FL

10. Name and Address of New Registered A.

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FENTON, JAMES P.	1.2 NAME	FENTON, James P.	
STREET ADDRESS	175 FONTAINBLEAU BLVD.	1.3 STREET ADDRESS	1983 N.W. 88 Court, Suite 301	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GOLDBERG, MICHAEL	2.2 NAME	HERNDON, Alfred T.	
STREET ADDRESS	16855 NE 2ND AVE	2.3 STREET ADDRESS	6707 So. Florida Avenue	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	Floral City, FL 34436	
TITLE	CD	3.1 TITLE		☐ Change ☐ Addition
NAME	WILDE, GEORGE WILLIAM	3.2 NAME		
STREET ADDRESS	1500 S. DIXIE HWY, #350	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, JEFFERSON N JR	4.2 NAME		
STREET ADDRESS	1500 S. DIXIE HWY,350	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	MUNERA, FERNANDO R	5.2 NAME		
STREET ADDRESS	1312 S. MIAMI AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MESA, LUIS F	6.2 NAME		
STREET ADDRESS	AVENIDA 116 NO. 18-03	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOGOTA, COLOMBIA	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)(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] 3/31/95 379-4356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126448 CP