FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # L34954 (2)

1. Corporation Name
HELM BANK

Principal Place of Business
1312 SOUTH MIAMI AVE..
MIAMI FL 33130

Mailing Address
1312 SOUTH MIAMI AVE..
MIAMI FL 33130

3. Date Incorporated or Qualified: 12/08/1989
3a. Date of Last Report: 04/07/1995
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

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

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 Agent
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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	FENTON, JAMES P.	
STREET ADDRESS	1983 NW 88 COURT, SUITE 301	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	GOLDBERG, MICHAEL	
STREET ADDRESS	16855 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	CD	[ ] DELETE
NAME	WILDE, GEORGE WILLIAM	
STREET ADDRESS	1500 S. DIXIE HWY, #350	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	[ ] DELETE
NAME	POWELL, JEFFERSON N JR	
STREET ADDRESS	1500 S. DIXIE HWY,350	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	PD	[ ] DELETE
NAME	MUNERA, FERNANDO R	
STREET ADDRESS	1312 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	[ ] DELETE
NAME	MESA, LUIS F	
STREET ADDRESS	AVENIDA 116 NO. 18-03	
CITY-ST-ZIP	BOGOTA, COLOMBIA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		[X] Change [ ] Addition
1 1 TITLE		
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP	FL 33172	
		[X] Change [ ] Addition
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS	Suite 303	
2 4 CITY-ST-ZIP	FL 33162	
		[X] Change [ ] Addition
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS	1200 Brickell Ave., Suite 305	
3 4 CITY-ST-ZIP	Miami, FL 33131	
		[X] Change [ ] Addition
4 1 TITLE		
4 2 NAME		
4 3 STREET ADDRESS	1200 Brickell Ave., Suite 305	
4 4 CITY-ST-ZIP	Miami, FL 33131	
		[ ] Change [ ] Addition
5 1 TITLE		
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
		[ ] Change [X] Addition
6 1 TITLE	D	
6 2 NAME	HERNDON, Alfred T.	
6 3 STREET ADDRESS	6707 So. Florida Avenue	
6 4 CITY-ST-ZIP	Floral City, FL 34436	

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: FERNANDO MUNERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)