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FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33130-4315



2. Principal Place of Business
21 1200 Brickell Avenue

22 Suite, Apt. #, etc.
310

23 City & State
Miami, Florida

24 Zip
33131

25 Country
USA

2a. Mailing Address
26 SAME

27 Suite, Apt. #, etc.

28 City & State

29 Zip
30 Country

3. Date Incorporated or Qualified
12/08/1989

3a. Date of Last Report
04/02/1996

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 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

Signature of type and printed name of the registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

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	18855 NE 2ND AVE SUITE 303	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	CD	DELETE
NAME	WILDE, GEORGE WILLIAM	
STREET ADDRESS	1200 BRIKELL AVE., SUITE 305	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETE
NAME	POWELL, JEFFERSON N JR	
STREET ADDRESS	1200 BRICKELL AVE., SUITE 305	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	DELETE
NAME	MUNERA, FERNANDO R	
STREET ADDRESS	1312 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	XX DELETE
NAME	HERNDON, ALFRED T	
STREET ADDRESS	6706 SO. FLORIDA AVENUE	
CITY-ST-ZIP	FLORAL CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	XX Addition
12 NAME	Luis Fernando Mesa		
13 STREET ADDRESS	Car. 1 Este No. 76-04 Apt.602		
14 CITY-ST-ZIP	Bogota, Colombia		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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***165.00

14. I do 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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)