04-22-2005 90269 043 ***158.75
L34954

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L34954

1. Entity Name
HELM BANK

Principal Place of Business	Mailing Address
999 BRICKELL AVENUE MIAMI, FL 33131	999 BRICKELL AVENUE MIAMI, FL 33131

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0159184

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FENTON, JAMES P.
STREET ADDRESS	1983 NW 88 COURT, SUITE 301
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GOLDBERG, MICHAEL
STREET ADDRESS	16855 NE 2ND AVE SUITE 303
CITY-ST-ZIP	N MIAMI BEACH, FL
TITLE	CD
NAME	WILDE, GEORGE WILLIAM
STREET ADDRESS	1200 BRIKELL AVE., SUITE 305
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	POWELL, JEFFERSON N JR
STREET ADDRESS	1200 BRICKELL AVE., SUITE 305
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	MUNERA, FERNANDO R
STREET ADDRESS	1312 S. MIAMI AVE.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	SGUERRA, CARLOS
STREET ADDRESS	AVE VENEZUELA TORRE MARIANAPLANTA BAJA
CITY-ST-ZIP	EL ROSAL CARACAS, VE

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JB 5/6

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #