


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M52902

(7)

1. Corporation Name
TAURUS HELMETS, INC.

Principal Place of Business

16175 N.W. 49TH AVENUE
MIAMI FL 33014

Mailing Address

16175 N.W. 49TH AVENUE
MIAMI FL 33014-6312



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1987	3a. Date of Last Report 02/19/1996
21		26		4. FEI Number 59-2813857	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CORPOLITE CORPORATION
1400-A AMERIFIRST BUILDING
1 SE 3RD AVENUE
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTEL, CARLOS A.P.	1.2 NAME	
STREET ADDRESS	16175 N.W. 49TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DVST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTIMA, LUIS F.	2.2 NAME	
STREET ADDRESS	16175 N.W. 49TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVANE, BRUCE	3.2 NAME	
STREET ADDRESS	16175 N.W. 49TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VAT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOARES, RUY	4.2 NAME	
STREET ADDRESS	16175 N.W. 49TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, SI H	5.2 NAME	
STREET ADDRESS	16175 NW 49TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLENKER, DAVID	6.2 NAME	
STREET ADDRESS	16175 N.W. 49 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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 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

2/11/97

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CR2E034 (9/96)