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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1987

4. FEI Number

59-2813857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPOLITE CORPORATION  
1400-A AMERIFIRST BUILDING  
1 SE 9RD AVENUE  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME MURGEL, CARLOS A.P.  
STREET ADDRESS 16175 N.W. 49TH AVE.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DVST  
NAME ESTIMA, LUIS F.  
STREET ADDRESS 16175 N.W. 49TH AVE.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VAS  
NAME SAVANE, BRUCE  
STREET ADDRESS 16175 N.W. 49TH AVE.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VAT  
NAME SOARES, RUY  
STREET ADDRESS 16175 N.W. 49TH AVE.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS  
NAME BLOOM, SI H  
STREET ADDRESS 16175 NW 49TH AVENUE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS  
NAME BLENKER, DAVID  
STREET ADDRESS 16175 N.W. 49 AVE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

Robert G. Morrison

VAS

14. 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 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

CR2E034 (10/97)