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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000006254

1. Corporation Name
H*E*L*P/ECOLOGOS, INC.



Principal Place of Business: 5401 COLLINS AVE., SUITE 226 MIAMI BEACH FL 33140
 Mailing Address: 5401 COLLINS AVE., SUITE 226 MIAMI BEACH FL 33140

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suble, Apt. #, etc.	26. PO Box 402666	11/04/1997
22. City & State	27. MIAMI BEACH	4. FEI Number
23. Zip	28. FL 33140 - 0666	65-0794305
24. Country	29. US	5. Certificate of Status Desired
25. Country	30. US	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution
FORTI, LAWRENCE J 5401 COLLINS AVE., SUITE 226 MIAMI BEACH FL 33140		<input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		
81. Name		
82. Street Address (P.O. Box Number is Not Acceptable)		
83. City		
84. State Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTI, LAWRENCE J	1.2 NAME	P FORTI, LAWRENCE J
STREET ADDRESS	5401 COLLINS AVE., SUITE 226	1.3 STREET ADDRESS	5401 COLLINS AVE # 226
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	MB FL 33140
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTREL, JAY	2.2 NAME	
STREET ADDRESS	1000 WEST AVE., #1502	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIETO, MARK A.	3.2 NAME	
STREET ADDRESS	284 SOUTH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33168	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MARCELLA RAO
STREET ADDRESS		4.3 STREET ADDRESS	5445 COLLINS AVE # 421
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED LAWRENCE J FORTI (305) 865-4357
 Date: APR 1, 1999

CR2E037 (1/198)