Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90133 018 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071299

 Corporation 	Name	•			
HELENES TRADING CORP					
			**	1 (0.01) 001 110 18100 2011 0011 1011 0011 0011	(* 1868) (1888) (1888) (1898) (1898) (1898)
Principal Place	of Business	Mailing Address			11 15851 11919 11915 1911 1911 1901
7117 N.W. 47TH	I PL	7117 N.W. 47TH PL			
LAUDERHILL FL 33319 LAUDERHILL FL 33319				DO NOT WRITE IN TH	IS SPACE
us us				3. Date Incorporated or Qualifed	
				10/07/1993	
2 Dringing Di	ace of Business	2a. Mailing Address	to all of	4. FEI Number	Applied For
· · ·	ace of business	26		11-3153115	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.	_		\$8.75 Additional
22	<i>"</i> , 0.0.	27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 36		Personal Property Tax.	☐ Yes ☑ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent
81 Name (72)				20192 ROSENTHAL	
ROSENTHAL, HELENE				dress (P.O. Box Number is Not Acceptable)	
7117 N.W. 47TH PL			7/	17 NW 4/SIL	
LAUI	DERHILL FL 33319		83		
			84 City)	2. 1-01 11	. 85 Zip Code Q
		_		Auderhill F	L 353//
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.					
office or re	egistered agent, or both, in the ≽tate m familiar with, and accept the obliga	of Florida. Such change was autrations of, Section 607.0505, Florid	a Statutes.	mon's board of directors. Figidaly accept the app	John Marie and Toglister of
SIGNATURE	Show The Will			1494	
SIGNATORE	Signature typed or printed name of registered age		egistered Agent signature requ		AND DIDECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change
TITLE	P	DELETE	1.1 TITLE	George Rose-That 7117 NW 471PL	. E change
NAME	ROSENTHAL, HELEN		1.2 NAMÉ	7/12 NW 472 PL	•
STREET ADDRESS	7117 N.W. 47TH PL		1.3 STREET ADDRESS	Landophill FL 33	33)9
CITY-ST-ZIP	LAUDERHILL FL	[peretr	1.4 CITY-ST-ZIP	- LANGE/CHITT	Change Addition
I TITLE		☐ DELETE	2.1 TITLE	and the second	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		El prietro d	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE 7	3.1 TITLE		
NAME			3.2 NAME	• .	,
STREET ADDRESS			3.3 STREET ADDRESS	•	ļ
CITY-ST-ZIP		C DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ DELETE	4.1 TITLE		
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DCI CTC	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		}
STREET ADDRESS			1	•	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		Cloude Cluster
NAME			6.2 NAME 6.3 STREET ADDRESS		
1					

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 comporation 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 charged, or or an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR