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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

`Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 478888 (1) ATHENS HOTELS, INC. Principal Place of Business Meiling Address 131 S.E. 1 STREET MIAMI FL 33131 MIAMI FL 33131 MIAMI FL 33131-1401						
				3. Date Incorporated or Qualified	3a. Date of Last F	Report
				06/24/1975	06/27/1996	
····	face of Business	2a. Mailing Address		4. FEI Number	} }	oplied For
21	At east.	Suite, Apt. #, etc.		59-1607180		ot Applicable
Suite, Apt.	. H, CICI.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired		Additional equired
City & Stat	te	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution		to Fees
Zrp	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30	Florida Statutes	Yes No	
	 Name and Address of Curre PAPADOPULOS 	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	I S.E. 1 STREET MI FL 33131		83	dress (P.O. Box Number is Not Acceptal		
			84 City		FL 85 Zip	Code
11, Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607, 1508, Florida Stati e of Florida, Such change was	utes, the above-named cors authorized by the corpora	rporation submits this statement for the patients board of directors. I hereby acce	ourpose of changing i pt the appointment as	its registered registered
11, Pursuant office or agent. I a SIGNATURE 12.	Standure, typical of printed name of tegasered as OFFICERS AN	gent and the it applicable (NC ND DIRECTORS	utes, the above-named corse authorized by the corpora- lorida Statutes. DIE Registered Agent signature required. 13.	rporation submits this statement for the pation's board of directors. I hereby acceluled when reinstating) ADDITIONS/CHANGES TO OFFI	ourpose of changing in the appointment as DATE CERS AND DIRECTOR	RS <u>IN</u> 12
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information indicated on this annual report of 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 for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (30/)374-748

FILED

May 02 1997 8:00am

Secretary of State

dima Phone # 0173028