

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **622550** (2)

1. Corporation Name:  
**ATENA CORPORATION**



Principal Place of Business: **10300 SUNSET DRIVE STE. 415 MIAMI FL 33173 US**  
Mailing Address: **10300 SUNSET DR STE. 415 MIAMI FL 33173 US**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **05/03/1979**  
3a. Date of Last Report: **01/31/1995**  
4. FID Number: **59-1914045** Applied For Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**TSIORTOURTIDS, EMMANUEL  
17333 NW 6TH CT  
PEMBROKE PINES FL 33029**

81 Name: **TSIORTOURTIDS, EMMANUEL**  
82 Street Address (P.O. Box Number is Not Acceptable): **314 SW 185 Ave**  
83  
84 City: **Pembroke Pines FL** 85 Zip Code: **33029**

11. Pursuant to the provisions of Sections 607.04(2) and 607.17(2), Florida Statutes, the above named corporation certifies 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, hereby, except the appointment as registered agent, I am familiar with, and I am the obligor under, Sections 607.04(2), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>P</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>TSIORTOURTIDS, EMMANUEL</b> |                                 |
| STREET ADDRESS | <b>FILLIPO 80 KATERINE</b>     |                                 |
| CITY, ST, ZIP  | <b>GREECE, 60100</b>           |                                 |
| TITLE          | <b>VD</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>TSIORTOURTIDS, HISAIA P</b> |                                 |
| STREET ADDRESS | <b>FILLIPO 80 KATERINE</b>     |                                 |
| CITY, ST, ZIP  | <b>GREECE, 60100</b>           |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY, ST, ZIP  |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY, ST, ZIP  |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY, ST, ZIP  |                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied on this filing is veridical, furnished and checked for quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided on this document or Supermarket 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 change in name is authorized with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)