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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

US    Comparison	1. Corporation Name ATENA CORPORATION  Principal Place of Husiness  10300 SUNSET DRIVE STE. 415 MIAMI FL 33173  MIAMI FL 33173-3021								
Suite, Apt. 4, no.   Suite,		-	U\$						
Solito, April A, cit.    Suite, April A, cit.								Applied For Not Applicable	
City & State    City & State	Suite, Apt. #	#, etc	······			5. Certificate of Status Desired	1 1 7 7	75 Additional ee Required	
Zep   Country   Zep   Goursty   Zep   Goursty   3ol   This corporation has liability for Intangible tax under 5. ISE   No.   No.   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Agent   10. Name and Address of New Registered Agent   10. Name and Agent   10. Name an	City & State	;	City & State	····		1		.00 May Be	
TSIORTOURTSIDIS, EMMANUEL 314 SW 185 AVE PEMBROKE PINES FL 33029  13. Persuant to the provisions of Sections 607 0509 and 607 1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its repolition or registered agent or both in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or both in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or both in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the state of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the state of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the state of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the state of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the state of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the corporation's board of directors. Thereby accept the appointment as registered agent and the corporation's board of directors. Thereby accept the appointment as registered agent and the corporation's board of directors. Thereby accept the appointment as registered agent and the corporation's board of directors. Thereby accept the appointment as registered agent and the corporation's board of directors. Thereby accept the appointment as registered agent and the corporation's board of directors. Thereby accept the corporation's board of directors. Thereby accept the appointment as regist	Zψ	h in	Zip			8. This corporation has liability for	intangible tax und		
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11	TQIO		Trogratered Agent	81	Name	10, 1101110 0110 11011111	giotorou regone		
PEMBROKE PINES FL 33029  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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registrated 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 registrated 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 registrated 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 registrated agent and the application. I hereby accept the appointment as registrated agent and the application of Society and State accepts the college of Society and Society and State accepts agent and the application. I hereby accept the appointment as registrated agent and state accepts agent and state accepts agent and state accepts agent and state accepts accepts and state accepts and state accepts accepts and st				82	Stroot Adds	range (D.O. Boy Number in Not Accepted			
11. Pursuant to the provisions of Sections 607.0002 and 607.1508, Florida Statutes, the above-harmed corporation submite this statement for the purpose of changing its re- office or registered agrent 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 agrent framework agrent in the despication.				02	Street Augr	ess (r.o. box number is not acceptat	ן טו <i>ר</i>		
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 re- 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 and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TSIORTOURTSIDS, EMMANUEL  FILLIPO 80 KATERINE  GREECE, 60100  14.GITY-ST-2P  TUTTLE  TSIORTOURTSIDS, HISALA P  FILLIPO 80 KATERINE  GREECE, 60100  14.GITY-ST-2P  FILLIPO 80 KATERINE  GREECE, 60100  DELETE  31 TITLE  Change  Change  Change  Change  Change  Change  Change  Agent Advances  Agent Advances  Agent Advances  CHY-ST-2P  TORTOURTSIDS, HISALA P  FILLIPO 80 KATERINE  GREECE, 60100  DELETE  31 TITLE  Change  Change  Change  CHY-ST-2P  Change  Cha				83					
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NAME			DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIREC	CTORS IN 12	
STREET ADDRESS   FILLIPO 60 KATERINE   13 STREET ADDRESS	DILE	Р	<del>-</del>	1.1 TITLE			☐ Cha	ange 🔲 Addition	
CITY   ST   ZP	NAME		•	1.2 NAME		,			
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TSIORTOURTSIDS, HISAJA P   FILLIPO 60 KATERINE   23 STREET ADDRESS   CHTY-S1-ZIP			I priett		- ZIP		Пль	ange	
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CHY-St-ZIP	CHY-ST- ZIP		1	6 4 CITY - ST	r-zip				
14. I do hereby certify that the information supplied with this filling 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 I am an officer or director of the corporation or the receiver of 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 appears.	14. I do here!	by certify that the information supplied	with this filing does not qualif	y for the exer	nption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify	/ that the	