


FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000570 (8)
1. Corporation Name

CULTURAL CLUB OF MIAMI, "ATENEA", INC.

Principal Place of Business	Mailing Address
7197 S.W. 8TH STREET TOLEDO CENTER MIAMI FL 33144	P.O. BOX 453402 MIAMI FL 33245-3402

2. Principal Place of Business		2a. Mailing Address	
21	7197 S.W. 8TH ST	26	P.O. BOX 453402
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	TOLEDO CENTER	27	
City & State		City & State	
23	MIAMI - FL	28	MIAMI FL
Zip	Country	Zip	Country
24	DADE	29	33245-3402
25		30	DADE

3. Date Incorporated or Qualified 01/28/1997	
4. FEI Number 65-0737531	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
PEREZ, ORESTES 1306 S.W. 6TH STREET SUITE 3 MIAMI FL 33135	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL	85	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 DRESTES A. PEREZ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Orestes A. Perez</i> PEREZ, ORESTES A 1306 SW 6TH STREET, #3 MIAMI FL 33135	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Rita Calzadilla</i> CALZADILLA, RITA 1306 SW 6TH STREET, #3 MIAMI FL 33135	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, HELI H 7261 SW 14TH STREET MIAMI FL 33144 <i>Helio Hernandez</i>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Mirta C. Hernandez</i> HERNANDEZ, MIRTA C 7261 SW 14TH STREET MIAMI FL 33144	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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)(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 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.

SIGNATURE: SIGNATURE REQUIRED 01/15/98 (305) 859-8331

CH2E037 (10/97)