

N97000000570

Cultural Club of Miami "Atenea", Inc.

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-21-2001 90063 037 ****61.25

Principal Place of Business 7197 S.W. 8TH STREET TOLEDO CENTER MIAMI FL 33144	Mailing Address P.O. BOX 453402 MIAMI FL 33245-3402
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2. Principal Place of Business 1306 SW 6ST #3	3. Mailing Address P.O. BOX 453402
Suite, Apt. #, etc. MIAMI.	Suite, Apt. #, etc.
City & State MIAMI, FL.	City & State MIAMI, FL. 33245-3402
Zip 33135	Country U.S.A.

4. FEI Number 65-0737531	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent PEREZ, ORESTES 1306 S.W. 6TH STREET SUITE 3 MIAMI FL 33135
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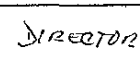
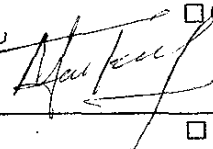
7. Name and Address of New Registered Agent Name ORESTES A. PEREZ Street Address (P.O. Box Number is Not Acceptable) 1306 SW 6ST #3 City MIAMI FL Zip Code 33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE 	DATE 3-10-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME PEREZ, ORESTES A	
STREET ADDRESS 1306 SW 6TH STREET, #3	
CITY-ST-ZIP MIAMI FL 33135	
TITLE D	<input type="checkbox"/> Delete
NAME CALZADILLA, RITA	
STREET ADDRESS 1306 SW 6TH STREET, #3	
CITY-ST-ZIP MIAMI FL 33135	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HERNANDEZ, HELI H	DELETE
STREET ADDRESS 7261 SW 14TH STREET	
CITY-ST-ZIP MIAMI FL 33144	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HERNANDEZ, MIRTA C	DELETE
STREET ADDRESS 7261 SW 14TH STREET	
CITY-ST-ZIP MIAMI FL 33144	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORESTES A. PEREZ	
STREET ADDRESS 1306 SW 6TH ST #3	
CITY-ST-ZIP MIAMI, FL. 33135	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RITA CALZADILLA	
STREET ADDRESS 1306 SW 6ST #3	
CITY-ST-ZIP MIAMI, FL. 33135	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTA LEIDA TERAN	
STREET ADDRESS 1306 SW 6ST #3	
CITY-ST-ZIP MIAMI, FL. 33135	
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	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE 3/10/2001	DAYTIME PHONE # (305) 859-8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		