

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000020961

1. Corporation Name
ATHENA INFORMATION SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 8420 N.W. 52ND STREET
 S-200
 MIAMI FL 33166

Mailing Address
 8420 N.W. 52ND STREET
 S-200
 MIAMI FL 33166

3. Date Incorporated or Qualified
03/07/1996

4. FEI Number
65-0778337

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
DEL RIEGO, EDUARDO
8410 N.W. 53RD TERRACE #218
MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name
Rolando A. Gomez
 82 Street Address (P.O. Box Number is Not Acceptable)
8420 NW 52nd Street, Suite 200, Miami FL 33166
 83
 84 City
Miami, FL 85 Zip Code
33166

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 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 607.0505, Florida Statutes.

SIGNATURE: *Rolando A. Gomez* **ROLANDO A. GOMEZ** DATE: **2/24/99**

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

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DEL RIEGO, EDUARDO
STREET ADDRESS	8410 N.W. 53RD TERRACE #218
CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> DELETE
NAME	GRAHAM, JOHN L
STREET ADDRESS	8410 N.W. 53RD TERRACE #218
CITY-ST-ZIP	MIAMI FL 33166
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

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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John L. Graham
2.3 STREET ADDRESS	8420 NW 52nd Street, Suite 200
2.4 CITY-ST-ZIP	Miami, FL 33166
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Emilio Del Riego
3.3 STREET ADDRESS	8420 NW 52nd Street, Ste. 200
3.4 CITY-ST-ZIP	Miami, FL 33166
4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Timothy Murray
4.3 STREET ADDRESS	8420 NW 52nd Street, Ste. 200
4.4 CITY-ST-ZIP	Miami, FL 33166
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **ROLANDO A. GOMEZ** DATE: **2/24/99** (305) 470-9697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)