

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S51897** (4)

1. Corporation Name

ATHENS FARM INC.



Principal Place of Business

**801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL 33131**

2. Principal Place of Business

21 **5201 Blue Lagoon Drive**

22 Suite, Apt. #, etc
Suite 100

23 City & State
Miami, Florida

24 Zip
33126

2a. Mailing Address

26 **5201 Blue Lagoon Drive**

27 Suite, Apt. #, etc
Suite 100

28 City & State
Miami, Florida

29 Zip
33126

3. Date Incorporated or Qualified
05/10/1991

3a. Date of Last Report
01/26/1995

4. FEI Number
65-0270105

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

**SKOLA, THOMAS J.
801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
SKOLA, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable)
5201 Blue Lagoon Drive, Suite 100
83
84 City
Miami FL 85 Zip Code
33126

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered agent's signature required when reappointing)

1/31/96

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BURKARD, ANTONIO JUAN	
STREET ADDRESS	801 BRICKELL AVENUE 14TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SKOLA, THOMAS J	
STREET ADDRESS	801 BRICKELL AVE 14TH FL	
CITY - ST - ZIP	MIAMI FL	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURKARD, ANTONIO JUAN	
1.3 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
1.4 CITY - ST - ZIP	Miami, FL	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SKOLA, THOMAS J.	
2.3 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
2.4 CITY - ST - ZIP	Miami, FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or on a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

(305) 262-4433

CR2E034 (12/95)