

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005487

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: LYCEE FRANCO AMERICAN INTERNATIONAL SCHOOL, INC.

**Current Principal Place of Business:**

5121 LANCELOT LANE  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

5121 LANCELOT LANE  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number: 75-3121451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOY, TIMOTHY M  
5121 LANCELOT LANE  
DAVIE, FL 33331 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MERISIO, CLAUDIO  
Address: 9200 NW 54TH STREET  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: THONY, FERNAND  
Address: 16801 NE 14TH AVE. #105  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: ECHEVERRY, DARIO CHRM.  
Address: 3999 NW 89 WAY  
City-St-Zip: COOPER CITY, FL 33024

Title: D ( ) Delete  
Name: GONZALEZ, IRVING  
Address: 80 SW 8TH ST - SUITE 1710  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: HUSSAIN, KEM  
Address: 5065 SW 155 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANILO ECHEVERRY

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date