


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90043 001 ****61.25
 07-19-2005 90043 002 *****8.75

DOCUMENT # N04000009399

1. Entity Name
FRANCE-FLORIDA FOUNDATION FOR THE ARTS, INC.



Principal Place of Business
**C/O CONSULAT GENERAL DE FRANCE, ESPIRITO
 1395 BRICKELL AVE STE 1050
 MIAMI, FL 33131**

Mailing Address
**C/O CONSULAT GENERAL DE FRANCE, ESPIRITO
 1395 BRICKELL AVE STE 1050
 MIAMI, FL 33131**

66024781



2. Principal Place of Business		3. Mailing Address		07122005	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For
City & State		City & State		20-2280101		Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
EDELSTEIN, STEVEN A ESQ 1200 ANASTASIA AVE STE 410 CORAL GABLES, FL 33134				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDELSTEIN, STEVEN A ESQ			NAME	VALDEZ-FAULI		
STREET ADDRESS	1200 ANASTASIA AVE STE 410			STREET ADDRESS	200 South Biscayne Boulevard		
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	Miami, FL 33131		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAPIERNIK, SERGE			NAME	MURPHY, Carol		
STREET ADDRESS	7400 NORTH KENDALL STE 203			STREET ADDRESS	UF - 170 Dauer Hall, P.O Box 117405		
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP	Gainesville, FL 32611		
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATRYLO, MELISSA M			NAME	EDELSTEIN, Steven A.		
STREET ADDRESS	8100 SOUTHWEST 162ND STREET			STREET ADDRESS	1200 Anastasia Ave. - Suite 410		
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE		<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	MIYAR, Rafael		
STREET ADDRESS				STREET ADDRESS	7155 Old Cutler Road		
CITY-ST-ZIP				CITY-ST-ZIP	Coral Gables, FL 33143		
TITLE		<input type="checkbox"/> Delete		TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	FROST, Phillip		
STREET ADDRESS				STREET ADDRESS	IVAX -- 4400 Biscayne Boulevard		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, FL 33137		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	ELLISON, David		
STREET ADDRESS				STREET ADDRESS	UM - P.O. Box 248093		
CITY-ST-ZIP				CITY-ST-ZIP	Coral Gables, FL 33124-4650		

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 empowerments.

SIGNATURE: Steven A. Edelstein 11 JULY 2005 (305) 444-5660

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

STEVEN A. EDELSTEIN

ATTACHMENT

66624781
N04000009399

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D
NICOLE GUILLEMET
20 ISLAND AVENUE #703 BELLE PLAZA CONDO
MIAMI BEACH FL 33139

D
ALEC HARGREAVES
WINTHROP KING INSTITUTE FOR CONTEMPORARY FRENCH AND FRANCOPHONE STUDIES
DEPARTMENT OF MODERN LANGUAGES & LINGUISTICS
TALLAHASSEE, FL 32306-1540

D
DAVID HAYES
DAVID HAYES ADVERTISING
4444 SW 71ST AVE
MIAMI, FL 33155

D
ROBERT HEUER
FGO
1200 CORAL WAY
MIAMI, FL 33145

D
RALPH HEYNDELS
2555 COLLINS AVE SUITE 2411
MIAMI BEACH, FL 33140

D
PHILIPPE TIMON
1414 CORAL WAY
MIAMI FL 33145

D
YANN WEYMOUTH
ONE TAMPA CITY CANTER, SUITE 1800
TAMPA, FL 33602

D
MALCOLM WISEHEART
2840 SW 3rd AVENUE
MIAMI FL 33129

D
MRS DENISE COURSHON
3057 CENTER STREET
COCONUT GROVE FLORIDA 33 133