

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19843** (4)  
1. Corporation Name  
**ASSOCIATION DE L'ECOLE FRANCAISE DE MIAMI, INC.**



Principal Place of Business: P.O. BOX 430845 MIAMI FL 33243-0845  
Mailing Address: P.O. BOX 430845 MIAMI FL 33243-0845

3. Date Incorporated or Qualified: 03/26/1987  
3a. Date of Last Report: 03/20/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25	Country	30	Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EDELSTEIN, STEVEN A. 2720 COUNTRY CLUB PRADO CORAL GABLES FL 33134		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD EDELSTEIN, STEVEN A 2720 COUNTRY CLUB PRADO CORAL GABLES FL 33134	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD SOLARI, AMANDA 829 TANGLER CORAL GABLES FL 33134	2.1 TITLE	VPD
NAME		2.2 NAME	BASSETT, BRENDA
STREET ADDRESS		2.3 STREET ADDRESS	1701 N.E. 127th STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33181
TITLE	SD IBARS, FRANCOISE 3907 UTOPIA COURT COCONUT GROVE FL 33133	3.1 TITLE	SD
NAME		3.2 NAME	RAYNAUD, SANDRA
STREET ADDRESS		3.3 STREET ADDRESS	15900 S.W. 83rd AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	TD FITERRE, IGNACIO 912 TANGLERS CORAL GABLES FL 33134	4.1 TITLE	TD
NAME		4.2 NAME	NELSON BRETT G.
STREET ADDRESS		4.3 STREET ADDRESS	7841 S.W. 171th STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE		5.1 TITLE	D
NAME		5.2 NAME	DAVILA, ENRIQUE
STREET ADDRESS		5.3 STREET ADDRESS	1959 SECOFFEE STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven Edelstein* 20 Feb '96 (305) 443-5125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)