

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$234.25).



**98-99AR**

FILED

90 JUN 29 PM 2:01

SECRETARY OF STATE  
 WILLAMASSEE, FLORIDA

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

**REINSTATEMENT** 98-99AR

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

3. Date Incorporated or Qualified **03/26/1987**  
 4. FEI Number **59-2803334**  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**BASSETT, BRENDA**  
**7920 SW 53RD AVE**  
**MIAMI FL 33143**

10. Name and Address of New Registered Agent  
 81 Name **STEVEN A. EDELSTEIN**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 ANASTASIA AVE - SUITE 300**  
 83  
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

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 *Steven A. Edelstein* DATE **22 Feb 99**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BASSETT, BRENDA</b>	
STREET ADDRESS	<b>7920 SW 53RD AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>JUNKINS, CYNTHIA</b>	
STREET ADDRESS	<b>836 LORENZO AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAEZ, LUANN E</b>	
STREET ADDRESS	<b>107 SANTANDER AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>NELSON, BRETT G.</b>	
STREET ADDRESS	<b>7841 SW 117TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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	<b>STEVEN A. EDELSTEIN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PD (Co-PRESIDENT)</b>	
1.3 STREET ADDRESS	<b>1200 ANASTASIA AVE - SUITE 300</b>	
1.4 CITY-ST-ZIP	<b>CORAL GABLES, FLA 33134</b>	
2.1 TITLE	<b>PD (Co-PRESIDENT)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ENRIQUE DAVILA</b>	
2.3 STREET ADDRESS	<b>1959 SECORP STREET</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FLA 33133</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>GRETA SWART</b>	
3.3 STREET ADDRESS	<b>2418 COUNTRY CLUB PRADO</b>	
3.4 CITY-ST-ZIP	<b>CORAL GABLES FLA 3313X</b>	
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MARtha E Ching</b>	
4.3 STREET ADDRESS	<b>3760 NW 12 Terr</b>	
4.4 CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>400002925424--E</b>	
5.3 STREET ADDRESS	<b>-07/07/99--01071--002</b>	
5.4 CITY-ST-ZIP	<b>***297.50 ***297.50</b>	
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 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 A. Edelstein* DATE: **9/30/98** 3055303708

0013390

CR2E037 (5/98)