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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DOCUMENT # 770906

1. Corporation Name

FRENCH AMERICAN CHAMBER OF COMMERCE OF MIAMI/FT. LAUDERDALE, INC.

Principal Place of Business THE BILTMORE HOTEL EXECUTIVE OFFICE CENTER 1200 ANASTASIA AVE., STE. 280 CORAL GABLES FL 33134

Mailing Address

THE BILTMORE HOTEL EXECUTIVE OFFICE CENTER 1200 ANASTASIA AVE., STE. 280 CORAL GABLES FL 33134

DIVISION OF CORPORATIONS

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2.	Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 10/24/1983				
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2354035	Applied For Not Applicable			
23	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
24	Zip Country	Zip Co 29 30	6., Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
	EDELSTEIN, STEVEN A ESQ		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				

%BILTMORE HOTEL EXEC. OFFICE CENTER 1200 ANASTASIA AVE., STE. 300 CORAL GABLES FL 33134

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	Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida States.	1 by	y the corporation's board of directors.	atement for . I hereby a	the purpose accept the ap	of chan pointme	ging its registered it as registered

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAYE								
12.	OFFICERS AND DIRECTOR	13.						
TITLE	PCD	☐ DELETE	1.1 TITLE	PD		, , , , , , , , , , , , , , , , , , ,	Change	☐ Addition
NAME	MATAILLET, MICHELLE		1.2 NAME			م بدن		,
STREET ADDRESS	12300 OLD CUTLER RD.		1.3 STREET ADDRESS	12801	S.W. 68			
CITY-ST-ZIP	MIAMI FL-98156-	,	1.4 CITY-ST-ZIP	Minny.	FLORISA	33156		
TITLE	PCD-	DELETE	2.1 TITLE	Exec VP			Change	Addition
NAME	CHAPON, JEAN-LUC	-	2.2 NAME	MICHEL	GOURVEN	NEC		
STREET ADDRESS	4795 ORDUNA DR:-	4	2.3 STREET ADDRESS	3225		ÀVE - H		-
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	MIAMI	FLORI	DA 3313		
TITLE	√D-	DELETE	3.1 TITLE	VPD.	·		Change	™ Addition
NAME	-RENAUD; JACQUES -		3.2 NAME		A. Eve			
STREET ADDRESS	330 BISCAYNE BLVD., STE. 802		3.3 STREET ADDRESS	1200 /		a AveS		
CITY-ST-ZIP	MIAMI FL 33132		3.4. CITY-ST-ZIP	CORAL	GABLES	FLORIDA		
TITLE	VD-	DELETE	4.1 TITLE				Change	Addition
NAME	DAUER, JOH N		4. 2 NAME					
STREET ADDRESS	EAST OAKLAND PARK BLVD.		4.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 32601		4.4 CITY-ST-ZIP			•		
TITLE	SD	☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	Woodbridge, Frederick ESQ		5.2 NAME					İ
STREET ADDRESS	100 N. BISCAYNE BLVD., 21ST FLOOR		5.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33132-2306		5.4 CITY- ST-ZIP					
TITLE	TD	☐ DELETE	6.1 TITLE				Change	Addition
NAME	LANCASTER, KENNETH		6.2 NAME					
STREET ADDRESS	50 WEST MASHTA DR., STE. 6		6.3 STREET ADDRESS					
CITY-ST-ZIP	KEY BISCAYNE FL 33149		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, with all other like empowered.

SIGNATURE:

85 Zip Code