

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770906

**Entity Name:** FRENCH AMERICAN CHAMBER OF COMMERCE OF MIAMI/FT. LAUDERDALE, INC.**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC4085465317****Current Principal Place of Business:**100 N BISCAYNE BLVD  
SUITE 1105  
MIAMI, FL 33132**Current Mailing Address:**990 BISCAYNE BLVD  
OFFICE 701  
MIAMI, FL 33132 US**FEI Number: 59-2354035****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FIDUCIAL JADE INC  
990 BISCAYNE BLVD  
OFFICE 701  
MIAMI, FL 33132 US*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: OLIVIER SUREAU****04/24/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	OUELHADJ, ALAIN
Address	100 N BISCAYNE BLVD SUITE 1105
City-State-Zip:	MIAMI FL 33132
Title	SD
Name	WOODBIDGE, FREDERICK
Address	701 BRICKELL AVENUE, STE 1650
City-State-Zip:	MIAMI FL 33131
Title	VP
Name	POILLEUX, CHRISTOPHE
Address	100 N BISCAYNE BLVD 1105
City-State-Zip:	MIAMI FL 33132
Title	CHAIRMAN
Name	BIRNBERG, GARY
Address	100 N BISCAYNE BLVD 1105
City-State-Zip:	MIAMI FL 33132

Title	VP
Name	BONA, PATRICIA
Address	100 N BISCAYNE BLVD SUITE 1105
City-State-Zip:	MIAMI FL 33132
Title	TD
Name	SUREAU, OLIVIER
Address	990 BISCAYNE BLVD OFFICE 701
City-State-Zip:	MIAMI FL 33132
Title	VP
Name	SURVILLE, HUBERT
Address	100 N BISCAYNE BLVD 1105
City-State-Zip:	MIAMI FL 33132

I hereby 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 all other like empowered.

**SIGNATURE: ALAIN OUELHADJ****P****04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date