

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741777** (7)

1. Corporation Name

**ALLIANCE FRANCAISE DE MIAMI, INC.**



Principal Place of Business <b>1414 CORAL WAY MIAMI FL 33145 US</b>		Mailing Address <b>1414 CORAL WAY MIAMI FL 33145 US</b>		3. Date Incorporated or Qualified <b>02/22/1978</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		4. FEI Number <b>59-1909547</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>SERGE, PAPIERNIK 7400 KENDALL DRIVE #205 MIAMI FL 33156</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Secretary
NAME	PAPIERNIK, SERGE	1.2 NAME	Matthe Onetsch
STREET ADDRESS	7400 KEDALL DRIVE STE. 205	1.3 STREET ADDRESS	782 Le Seune Rd; #330
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	DVP	2.1 TITLE	Treasurer
NAME	GOLDENBERG, DULCE	2.2 NAME	Adrian Sapio
STREET ADDRESS	755 NW 29 AVENUE	2.3 STREET ADDRESS	1541 Brickell Ave; #2104
CITY-ST-ZIP	MIAMI FL 33125	2.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	AVPD	3.1 TITLE	AVPD
NAME	ELLISON, DAVID	3.2 NAME	Alberto Penarredonda
STREET ADDRESS	1029 OBISPO AVENUE	3.3 STREET ADDRESS	530 S.W. 25 Ave
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	FVPD	4.1 TITLE	
NAME	ECONOMACOS, PIERRE	4.2 NAME	
STREET ADDRESS	9211 W. CALUSA CLUB DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	
TITLE	VPAD	5.1 TITLE	
NAME	LARMIER, PHILIPPE	5.2 NAME	
STREET ADDRESS	750 SW 130 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	GIRO, CONCHITA	6.2 NAME	
STREET ADDRESS	2950 SW 3 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	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: \_\_\_\_\_

JEAN-FRANCOIS PUIQUET 02/13/98

CR2E037 (10/97)