


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90056 042 ****61.25

180505 - 90056 - 42



NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741777			
1. Corporation Name ALLIANCE FRANCAISE DE MIAMI, INC.			
Principal Place of Business 1414 CORAL WAY MIAMI FL 33145 US		Mailing Address 1414 CORAL WAY MIAMI FL 33145 US	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1978	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1909547	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SERGE, PAPIERNIK 7400 KENDALL DRIVE #205 MIAMI FL 33156				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 # 203			
				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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	PAPIERNIK, SERGE				
STREET ADDRESS	7400 KEDALL DRIVE STE. 205				
CITY-ST-ZIP	MIAMI FL 33156				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	GOLDENBERG, DULCE				
STREET ADDRESS	755 NW 29 AVENUE				
CITY-ST-ZIP	MIAMI FL 33125				
TITLE	AVPD	<input type="checkbox"/> DELETE			
NAME	ELLISON, DAVID				
STREET ADDRESS	1029 OBISPO AVENUE				
CITY-ST-ZIP	CORAL GABLES FL 33134				
TITLE	FVPD	<input type="checkbox"/> DELETE			
NAME	ECONOMACOS, PIERRE				
STREET ADDRESS	9211 W. CALUSA CLUB DR.				
CITY-ST-ZIP	MIAMI FL 33186				
TITLE	VPAD	<input checked="" type="checkbox"/> DELETE			
NAME	LARMIER, PHILIPPE				
STREET ADDRESS	750 SW 130 STREET				
CITY-ST-ZIP	MIAMI FL 33156				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	NETSCH, MAITTE				
STREET ADDRESS	782 LEJEUNE RD., #330				
CITY-ST-ZIP	MIAMI FL 33126				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS		STE 203			
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME		VPAD			
5.3 STREET ADDRESS		DEL VALLE, ELENA			
5.4 CITY-ST-ZIP		11765 SOUTH DIXIE HIGHWAY MIAMI FL 33156			
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)