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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2354035
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent EDELSTEIN, STEVEN A ESQ %BILTMORE HOTEL EXEC. OFFICE CENTER 1200 ANASTASIA AVE., STE. 300 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCD <input type="checkbox"/> DELETE	NAME MATAILLET, MICHELLE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
STREET ADDRESS 12300 OLD CUTLER RD.	CITY-ST-ZIP MIAMI FL 33156	1.3 STREET ADDRESS 12801 S.W. 68th Ave.	1.4 CITY-ST-ZIP MIAMI FLORIDA 33156
TITLE PCD <input checked="" type="checkbox"/> DELETE	NAME CHAPON, JEAN-LUC	2.1 TITLE EXEC VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS 4795 ORDUNA DR.	CITY-ST-ZIP CORAL GABLES FL 33134	2.3 STREET ADDRESS 3225 AVIATION AVE - 4th FLOOR	2.4 CITY-ST-ZIP MIAMI, FLORIDA 33133
TITLE VD <input checked="" type="checkbox"/> DELETE	NAME RENAUD, JACQUES	3.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS 330 BISCAYNE BLVD., STE. 802	CITY-ST-ZIP MIAMI FL 33132	3.3 STREET ADDRESS 1200 ANASTASIA AVE. - SUITE 300	3.4 CITY-ST-ZIP CORAL GABLES FLORIDA 33134
TITLE VD <input checked="" type="checkbox"/> DELETE	NAME BAUER, JOHN	4.1 TITLE	4.2 NAME
STREET ADDRESS EAST OAKLAND PARK BLVD.	CITY-ST-ZIP FT. LAUDERDALE FL 32601	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE SD <input type="checkbox"/> DELETE	NAME WOODBIDGE, FREDERICK ESQ	5.1 TITLE	5.2 NAME
STREET ADDRESS 100 N. BISCAYNE BLVD., 21ST FLOOR	CITY-ST-ZIP MIAMI FL 33132-2306	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE TD <input type="checkbox"/> DELETE	NAME LANCASTER, KENNETH	6.1 TITLE	6.2 NAME
STREET ADDRESS 50 WEST MASHTA DR., STE. 6	CITY-ST-ZIP KEY BISCAYNE FL 33149	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: M. Mataillet REQUIR MATAILLET 01/04/99 (305) 442 2277

CR2E037 (11/98)