

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19843

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** FRENCH INTERNATIONAL PROGRAM ASSOCIATION, INC.

**Current Principal Place of Business:**

1200 ANASTASIA AVENUE., STE 410  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1200 ANASTASIA AVENUE - SUITE 410  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 430845  
MIAMI, FL 332430845

**New Mailing Address:**

**FEI Number:** 59-2803334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDELSTEIN, STEVEN A  
1200 ANASTASIA AVE., SUITE 410  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

EDELSTEIN, STEVEN A  
1200 ANASTASIA AVENUE - SUITE 410  
CORAL GABLES, FL 33134 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: STEVEN A. EDELSTEIN

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BERTRAND, LECOCQ  
Address: 13200 SW 59TH AVE  
City-St-Zip: MIAMI, FL 33156

Title: DS  
Name: EDELSTEIN, STEVEN A  
Address: 1200 ANASTASIA AVENUE - SUITE 410  
City-St-Zip: CORAL GABLES, FL 33134

Title: DT  
Name: FREILICH, VALERIE  
Address: 4110 BATTERSEA RD  
City-St-Zip: MIAMI, FL 33133

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: STEVEN A. EDELSTEIN

DS

04/11/2011

Electronic Signature of Signing Officer or Director

Date