## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

**NONPROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 N9300000584 (3) DOCUMENT # 1. Corporation Name

## FRENCH AEROSPACE COMMITTEE, INC.

ONE BISCAYNE SUITE 1750 MIAMI FL 3313		ONE BISCAYNE TO SUITE 1750 MIAMI FL 33131-180				3. Date incorporated or Qualified 02/10/1993	3a. Date o	1 Last R 19/19	
Principal Place of Business     2a. Mailing Address			SS		<del></del>	4. FEI Number Applied For			
21 26						03-0400074			ot Applicable
Suite, Apt. 22	. #, etc.	Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired			
City & Stat	te								
Zıp	Country	Zip	—	untry		8. This corporation has liability for i	ntangible tax		. 199.032,
24	25] 9. Name and Address of Cur		30	T		10. Name and Address of New Re			
	9. Italije siid Addiess of Cul	ent Magisteren Water		81	Name	(U, Malife and Address Ul New Ne	Assistant who		
ואל וחם	I DADUACI								
BOLZAN, RAPHAEL 1000 BRICKELL AVE				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
SUITE 641				83					
MIAMI FL 33131				84	City		<b></b> 8!	El Zio	Code
	•			"	Oity		FL  °	1 - "	0000
office or agent 1 a SIGNATURE	registered agent, or both, in the Str am familiar with, and accept the ob Signature, typed or printed name of registered	ligations of, Section 617.0	503, Florida Sta	itute	<b>S</b> .	tion's board of directors. I hereby acceptions to the second seco	DATE	nent as	registered
12.		AND DIRECTORS	13.	<u>_</u>	<u></u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOF	RS IN 12
TITLE	PD	☐ DEL	ETE 1.17	ITLE				Change	Addition
NAME	BOLZAN, RAPHAEL		1.21	NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
STREET ADDRESS	1000 BRICKELL AVE, SUIT	E 641	1.3 \$	STREET	ADDRESS				
CITY - ST - ZIP	MIAMI FL 33131		140	CITY-S	ST-ZIP				
TITLE	D	☐ DEL	ETE 2.17	TITLE				Change	Addition
NAME	FORTIER, MARC		221	NAME					
STREET ADDRESS	ONE BISCAYNE TOWER, S	UITE 1750	235	STREET	ADDRESS				
CHTY - ST - ZIP	MIAMI FL 33131		2.4	CITY-	ST-ZIP				
TITLE	D	DEL	ETE 3.1 1	TITLE				Change	Addition
NAME	MORTREUX, JEAN P		3.21	NAME					
STREET ADDRESS	1924 <b>NW</b> 84 AVE		3.3 5	STAEET	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126			CITY-	ST-ZIP				
TrillE		☐ DEL	ETE 4.1 1	TITLE				Change	Addition Addition
NAME	}		4.2	NAME	ľ				

6.4 CITY-ST-ZIP 14. I do 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.

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

City-St-ZIP

TITLE

NAME

TITLE

NAME

Change

Addition

Addition

**FILED** 

May 27 1997 8:00am

Secretary of State