

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 AUG 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001213 (6)
 1. Corporation Name
 "ASSOCIATION FRANCO-FLORIDIENNE, INC."

Principal Place of Business Mailing Address

ONE BISCAYNE TOWER, SUITE 1710
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

ONE BISCAYNE TOWER, SUITE 1710
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

3. Date Incorporated or Qualified 03/14/1995
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number Applied For
65-0580184 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FILLON, JACAUES
ONE BISCAYNE TOWER, SUITE 1710
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Claude Lorcin
 82 Street Address (P.O. Box Number is Not Acceptable) 2450 SW 25th Street
 83
 84 City Miami FL 85 Zip Code 33145

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 Claude Lorcin Claude Lorcin - Vice President 07 July 1996
 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	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V-5	Vice President	Change	Addition
1.2 NAME	D	Claude Lorcin		
1.3 STREET ADDRESS		2450 SW 25th Street		
1.4 CITY-ST-ZIP		Miami FL 33145		
2.1 TITLE	V D	Vice President	Change	Addition
2.2 NAME		Steve Edelstein		
2.3 STREET ADDRESS		304 Palermo Avenue		
2.4 CITY-ST-ZIP		Coral Gables FL 33134		
3.1 TITLE	D	Jarvis Ellison President	Change	Addition
3.2 NAME		Jarvis Ellison		
3.3 STREET ADDRESS		1029 obispo Ave		
3.4 CITY-ST-ZIP		Coral Gables, FL 33134		
4.1 TITLE		700001953201		
4.2 NAME		-09/05/96--01021--017		
4.3 STREET ADDRESS		*****61.25 *****61.25		
4.4 CITY-ST-ZIP				
5.1 TITLE			Change	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE			Change	Addition
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Claude Lorcin 07 July 1996 372-1376
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)