

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

65-0580184

Applied For

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LORCIM, CLAUDE
C/O CONSULAT GENERAL DE FRANCE
TWO SOUTH BISCAYNE BLVD., STE. 1710
MIAMI FL 33132

81. Name

STEVEN A. EDELSTEIN

82. Street Address (P.O. Box Number is Not Acceptable)

1200 ANASTASIA AVE., STE 300

83.

84.

CORAL GABLES

FL

85.

33134

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

Steven A. Edelstein

3 MARCH 98

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	LORCIM, CLAUDE	
STREET ADDRESS	TWO BISCAYNE BLVD., STE. 1710	
CITY - ST - ZIP	MIAMI FL 33132	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	EDELSTEIN, STEVE	
STREET ADDRESS	1200 ANASTASIA AVE., STE. 300	
CITY - ST - ZIP	CORAL GABLES FL 33134	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLISON, DAVID	
STREET ADDRESS	P.O. BOX 248093, ASHE BLDG., RM. 521	
CITY - ST - ZIP	CORAL GABLES FL 33124-4850	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FORTIER, MARC	
STREET ADDRESS	TWO S. BISCAYNE BLVD., SUITE 1710	
CITY - ST - ZIP	MIAMI FL 33132	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIRSCH, NICOLE	
STREET ADDRESS	2482 PLAYERS COURT	
CITY - ST - ZIP	W. PALM BEACH FL 33414-6286	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SOURCEAU, ELIZABETH	
1.3 STREET ADDRESS	300 ARAGON AVE., SUITE 206	
1.4 CITY - ST - ZIP	CORAL GABLES, FL 33134	

2.1 TITLE	VSD	<input checked="" 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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FAZILLGAU, ERIC	
4.3 STREET ADDRESS	96 CONSTRUCTA US, 2665 So. BAYSIDE DR-STE	
4.4 CITY - ST - ZIP	ROBERT GROVE, FL 33133	302

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

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.

SIGNATURE: *Steven A. Edelstein* SECRETARY/VP/DIR. 3 MARCH 98 (305) 444-5660

CR2E037 (10/97)