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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 ONE BISCAYNE TOWER, SUITE 1710 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131	Mailing Address ONE BISCAYNE TOWER, SUITE 1710 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131
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3. Date Incorporated or Qualified 03/14/1995		
4. FEI Number 65-0580184	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**LORCIM, CLAUDE
C/O CONSULAT GENERAL DE FRANCE
TWO SOUTH BISCAYNE BLVD., STE. 1710
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name STEVEN A. EDELSTEIN	
82 Street Address (P.O. Box Number is Not Acceptable) 1200 ANASTASIA AVE., STE 300	
83	
84 City CORAL GABLES	85 Zip Code FL 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 Edelstein* DATE: **3 MARCH 98**

12. OFFICERS AND DIRECTORS

TITLE VSD	<input checked="" type="checkbox"/> DELETE
NAME LORCIN, 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 248083, 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 FAZILLEAU, ERIC	
4.3 STREET ADDRESS 96 CONSTRUCTA US, 2665 So. BAYSWATER DR-STE	
4.4 CITY-ST-ZIP ROSONT 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 Edelstein* SECRETARY/VP/DIR. DATE: **3 MARCH 98** (305) 444-5660

CR2E037 (10/97)