

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90105 027 ****61.25

0029570

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000001213

1. Corporation Name

ASSOCIATION FRANCO-FLORIDIENNE, INC.

203697-90105-27

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 03/14/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 65-0580184

Applied For Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELEDSTEIN, STEVEN A 1200 AVNASTASIA AVE., STE 300 CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

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 VPD - DELETE NAME SOURCEAU, ELIZABETH STREET ADDRESS 300 ARAGON AVE., SUITE 206 CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE VSD DELETED NAME EDELSTEIN, STEVE STREET ADDRESS 1200 ANASTASIA AVE., STE. 300 CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE PD DELETED NAME ELLISON, DAVID STREET ADDRESS P.O. BOX 248093, ASHE BLDG., RM. 521 CITY-ST-ZIP CORAL GABLES FL 33124-4650

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE TD DELETED NAME FAZILLEAU, ERIC STREET ADDRESS C/O CONSTRUCTA SU, 2665 SO BAYSHORE DR STE CITY-ST-ZIP COCONUT GROVE FL 33133

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

21 JANUARY 99 (305)444-5660

Date

Daytime Phone #

CR2E037 (11/98)