

DOCUMENT # N95000001213
 1. Entity Name
 " ASSOCIATION FRANCO-FLORIDIENNE, INC. "

FILED

00 JUN -9 PM 3:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 00003317

Principal Place of Business Mailing Address
 ONE BISCAYNE TOWER, SUITE 1710 ONE BISCAYNE TOWER, SUITE 1710
 2 SOUTH BISCAYNE BLVD. 2 SOUTH BISCAYNE BLVD.
 MIAMI FL 33131 MIAMI FL 33131-1806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0580184** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELEDSTEIN, STEVEN A
1200 AVNASTASIA AVE., STE 300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

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 33124-4650	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FAZILLEAU, ERIC	
STREET ADDRESS	C/O CONSTRUCTA SU, 2665 SO BAYSHORE DR STE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN-YVES RIMAUD	
STREET ADDRESS	1200 BRICKELL AVE. SUITE 1700	
CITY-ST-ZIP	MIAMI, FLA 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN A. EDELSTEIN **STEVEN A. EDELSTEIN** 1-10-2000 (305) 444-5660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)