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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005403 (9)

1. Corporation Name

ASSOCIATION DES CONSEILLERS DU COMMERCE EXTERIEUR  
R DE LA FRANCE DE FLORIDE ET DES CARAIBES, INC.



Principal Place of Business

Mailing Address

330 BISCAYNE BLVD STE 802  
MIAMI FL 33132

330 BISCAYNE BLVD STE 802  
MIAMI FL 33132

3. Date Incorporated or Qualified  
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENAUD, JACQUES  
330 BISCAYNE BLVD STE 802  
MIAMI FL 33132

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 617.1503, 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 PD  
NAME RENAUD, JACQUES  
STREET ADDRESS 330 BISCAYNE BLVD STE 802  
CITY-ST-ZIP MIAMI FL 33132

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE TD  
NAME SURVILLE, HUBERT  
STREET ADDRESS 119 BISCAYNE BLVD STE 600  
CITY-ST-ZIP NORTH MIAMI, FLA 33181

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE D  
NAME JEAN-LUC OIZAN-CITAPON  
STREET ADDRESS 2977 MCFARLANE ROAD  
CITY-ST-ZIP COCONUT GROVE, FLA 33133

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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, and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/08/96

(305) 381 9629

CR2E037 (12/95)