

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northing**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005403 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

330 BISCAYNE BLVD STE 802  
MIAMI FL 33132330 BISCAYNE BLVD STE 802  
MIAMI FL 33132-22443. Date Incorporated or Qualified  
11/14/19953a. Date of Last Report  
05/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

31-1478503  
ADDITIONAL

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 617.1508, 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                      | PD                         | 1.1 TITLE   |  |
| NAME                       | RENAUD, JACQUES            | 1.2 NAME  |  |
| STREET ADDRESS             | 330 BISCAYNE BLVD STE 802  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MIAMI FL 33132             | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | TD                         | 2.1 TITLE   |  |
| NAME                       | SURVILLE, HUBERT           | 2.2 NAME  |  |
| STREET ADDRESS             | 119 BISCAYNE BLVD, STE 600 | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | NORTH MIAMI FL 33181       | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D                          | 3.1 TITLE   |  |
| NAME                       | OIZAN-CHAPON, JEAN-LUC     | 3.2 NAME  |  |
| STREET ADDRESS             | 2977 MCFARLANE ROAD        | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | COCONUT GROVE FL 33133     | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 4.1 TITLE   |  |
| NAME                       |                            | 4.2 NAME  |  |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 5.1 TITLE   |  |
| NAME                       |                            | 5.2 NAME  |  |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 6.1 TITLE   |  |
| NAME                       |                            | 6.2 NAME  |  |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 6.4 CITY - ST - ZIP                                   |  |

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

(305) 581 9629

Date

Daytime Phone # 0028901

CR2E037 (9/96)