FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9500005403

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 33132 330 BISCAYNE BLVD STE 802 MIAMI FL 33132

FILED Mar 09, 1999 8:00 am § Secretary of State

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2. Principal P	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
4		26			11/14/1995		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied Fo	or	
22		27			31-1478503 Not Applic	cable	
City & State		City & State			5. Certificate of Status Desired \$8.75 Addition	al '	
23		28			5. Certificate of Status Desired Fee Required		
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Bo	e ·	
24	25	29 30	<u>J</u>		Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	,		81	NameS	STEVEN A. EDELSTEIN		
RENAUD. JACQUES							
930 BISCAYNE BLVD STE 802			1200 ANASTASIA AVE- SUITE 300				
MIAMI-FL-33132			83				
			84	City ()	85 Zip Code	7	
			-		orai GABLES FL 3313	Y	
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							
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 - PARIMET SACUREN STEVEN A. EDELSTON & FOR 99							
Signature, typer of printion name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OUT OF THE PROPERTY OF THE P							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	ddition	
TITLE		☐ DELETE	1.1 TITLE		D Change ⊔A	Madiboli	
NAME	RENAUD, JACQUES		1.2 NAME			•	
STREET ADDRESS	I Coloration .		1.3 STREET	REET ADDRESS		1	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST	r-ZIP	Thomas	ddition	
TITLE	33	☐ DELETE	2.1 TITLE		VP-S-D DSChange ⊔A	WUNGON	
NAME	SURVILLE, HUBERT		2.2 NAMÉ				
STREET ADDRESS			2.3 STREET	1			
CITY-ST-ZIP	NORTH MIAMI FL 33181			T- ZIP	Change A	ddition	
TITLE	D	DELETE	3.1 TITLE	11		WOULDON	
NAME	OIZAN-CHAPON, JEAN-LUC		3.2 NAME		JACQUES BIZION 1860 NEITH CONGRESS AVE	1	
STREET ADDRESS	2977 MCFARLANE ROAD		3.3 STREET	ADDRESS	1860 NEATH CONDICIONAL CA 37401	. 1	
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4. CITY-S	T-ZIP	WEST PALM BEACH FL 33401	Addition	
TITLE		☐ DELETE	4.1 TITLE	ľ		Taractor I	
NAME			4. 2 NAME		HUBERT DE LA FELD 701 Brichell Ave - 7th Floor	.	
STREET ADDRESS			•		701 BYICKELL MY - T TOOPL		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	MIAMI, FL 33131	Addition	
TITLE		☐ DELETE	5.1 TITLE]	Change A	WGIDOII	
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		□ NELETE	5.4 CITY-S' 6.1 TITLE	1-2IP	☐ Change ☐ A	ddition	
TITLE		☐ DELETE					
NAME			6.2 NAME 6.3 STREET	ADDDEED		- 1	
STREET ADDRESS			6.3 STREET	1	·		

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

02_08-33

Daytime Phone

R2E037 (11/9)