

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005403**

1. Entity Name  
ASSOCIATION DES CONSEILLERS DU COMMERCE  
EXTERIEUR DE LA FRANCE DE FLORIDE ET DES  
CARAIBES, INC.



Principal Place of Business

ESPIRITO SANTO PLAZA, 1395 BRICKELL AVE.  
STE 1050  
MIAMI, FL 33131

Mailing Address

1200 ANASTASIA AVENUE  
STE 410  
CORAL GABLES, FL 33134



01302008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1478503

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDELSTEIN, STEVEN A  
1200 ANASTASIA AVENUE  
STE 410  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICHEL CAFFIN, JEAN
STREET ADDRESS	7331 S.W. 116TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VPSD
NAME	MAINCOURT, CHRISTOPHE Y
STREET ADDRESS	550 BILTMORE WAY, PENTHOUSE 1
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPD
NAME	BRION, JACQUES
STREET ADDRESS	1235 WINDING OAKS CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TD
NAME	MIQUEL, JEAN-PIERRE
STREET ADDRESS	2000 S. BAYSHORE DR #35
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*J. P. Miquel* J.P. MIQUEL TD 1/30/08 3058520531