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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name N96000002099			
ASSOCIATION CULTURELLE ET HUMANAIRE CONFEROISE			
Principal Place of Business		Mailing Address	
15040 SOUTH BISCAYNE RIVER DRIVE		MIAMI, FLA. 33168	
2. Principal Place of Business		3a. Date of Last Report	
21 SAME AS ABOVE		JANUARY 1996	
22 N/A		3b. Date of Last Report	
23 N/A		3c. Date of Last Report	
24 N/A		3d. Date of Last Report	
25 LADE		3e. Date of Last Report	
26 SAME AS ABOVE		3f. Date of Last Report	
27 N/A		3g. Date of Last Report	
28 N/A		3h. Date of Last Report	
29 N/A		3i. Date of Last Report	
30 N/A		3j. Date of Last Report	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARIE YVES COLIN		MARIE YVES COLIN	
15040 SOUTH BISCAYNE R. DRIVE		15040 SOUTH BISCAYNE RIVER DRIVE	
MIAMI, FLA. 33168		MIAMI	
		FL 33168	
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: Marie Y. Colin		DATE: 7-15-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PRESIDENT 1.2 NAME: MARIE YVES COLIN 1.3 STREET ADDRESS: 15040 SOUTH BISCAYNE RIVER DRIVE 1.4 CITY-ST-ZIP: MIAMI, FL 33168		1.1 TITLE: PRESIDENT 1.2 NAME: MARIE YVES COLIN 1.3 STREET ADDRESS: 15040 SOUTH BISCAYNE RIVER DRIVE 1.4 CITY-ST-ZIP: MIAMI, FL 33168	
2.1 TITLE: VICE PRESIDENT 2.2 NAME: MARIE YVES COLIN 2.3 STREET ADDRESS: 15040 SOUTH BISCAYNE RIVER DR 2.4 CITY-ST-ZIP: MIAMI, FLA. 33168		2.1 TITLE: VICE PRESIDENT 2.2 NAME: JEAN DESIRE 2.3 STREET ADDRESS: 15040 SOUTH BISCAYNE RIVER DR 2.4 CITY-ST-ZIP: MIAMI, FLA. 33168	
3.1 TITLE: SECRETARY 3.2 NAME: JOSEPHAT ST LOUIS 3.3 STREET ADDRESS: 15213 SW 112 CT 3.4 CITY-ST-ZIP: MIAMI, FLA. 33150		3.1 TITLE: SECRETARY 3.2 NAME: JOSEPHAT ST LOUIS 3.3 STREET ADDRESS: 15213 SW 112 CT 3.4 CITY-ST-ZIP: MIAMI, FLA. 33150	
4.1 TITLE: TREASURER 4.2 NAME: IDONIQUE SN LOUIS 4.3 STREET ADDRESS: 15040 S. BISCAYNE RIVER DRIVE 4.4 CITY-ST-ZIP: MIAMI, FLA. 33168		4.1 TITLE: TREASURER 4.2 NAME: IDONIQUE SN LOUIS 4.3 STREET ADDRESS: 15040 S. BISCAYNE RIVER DRIVE 4.4 CITY-ST-ZIP: MIAMI, FLA. 33168	
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 5.5 CITY-ST-ZIP: 5.6 CITY-ST-ZIP: 5.7 CITY-ST-ZIP: 5.8 CITY-ST-ZIP: 5.9 CITY-ST-ZIP: 5.10 CITY-ST-ZIP:		5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 5.5 CITY-ST-ZIP: 5.6 CITY-ST-ZIP: 5.7 CITY-ST-ZIP: 5.8 CITY-ST-ZIP: 5.9 CITY-ST-ZIP: 5.10 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 on an attachment with an address.			
SIGNATURE: Marie Y. Colin		DATE: 7-15-97 (305) 892-5280	

CR2E037 (9/96)