

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005403

Entity Name: ASSOCIATION DES CONSEILLERS DU COMMERCE
EXTERIEUR DE LA FRANCE DE FLORIDE ET DES CARAIBES, INC.**FILED**
Jan 21, 2015
Secretary of State
CC6699483618**Current Principal Place of Business:**C/O CONSULAT GÉNÉRAL DE FRANCE À MIAMI
ESPIRITO SANTO PLAZA 1395 BRICKELL AVE. - STE 1050
MIAMI, FL 33131**Current Mailing Address:**1200 ANASTASIA AVENUE
STE 410
CORAL GABLES, FL 33134**FEI Number: 31-1478503****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EDELSTEIN, STEVEN A
1200 ANASTASIA AVENUE
STE 410
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	CAFFIN, JEAN-MICHEL
Address	7331 S.W. 116TH TERRACE
City-State-Zip:	MIAMI FL 33156

Title	D
Name	BRION, JACQUES
Address	1235 WINDING OAKS CIRCLE
City-State-Zip:	VERO BEACH FL 32963

Title	TD
Name	GEORGES, ERIC J
Address	201 SOUTH BISCAYNE BOULEVARD SUITE 1800
City-State-Zip:	MIAMI FL 33131

Title	VPD
Name	BONA, PATRICIA
Address	1221 BRICKELL AVENUE SUITE 1050
City-State-Zip:	MIAMI FL 33131

Title	SD
Name	GAZAY, ELISABETH
Address	SABAL PALM ROAD
City-State-Zip:	MIAMI FL 33137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEAN-MICHEL CAFFIN**PRESIDENT****01/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date