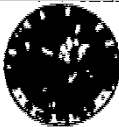


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:33

DOCUMENT # N94000002362 (1)

1. Corporation Name

VACCINES WITHOUT FRONTIER, INC.

Principal Place of Business

Mailing Address

**111 E. MADISON ST.
SUITE 2400
TAMPA FL 33602**

**111 E. MADISON ST.
SUITE 2400
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report

This is first report

4. FEI Number

59-3241923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIERLEY, JOHN C
111 E. MADISON ST.
SUITE 2400
TAMPA FL 33602**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **CHIEDO, DR**
STREET ADDRESS **2424 TAMPA BAY BLVD. APT. C-203**
CITY-ST-ZIP **TAMPA FL 33607**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD**
NAME **BERGER, FRANKLIN M DR.**
STREET ADDRESS **190 E. 72ND ST.**
CITY-ST-ZIP **NEW YORK NY 10021**

21 TITLE ☒ Change ☐ Addition
22 NAME **Dr. Frank M. Berger**
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **STD**
NAME **AUDIBERT, FRANCOISE DR.**
STREET ADDRESS **44 RUE YBRY 92290 NEUILLY SUR SEINE**
CITY-ST-ZIP **FRANCE**

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **22 Rue Emeriau**
34 CITY-ST-ZIP **75015 Paris, France**

TITLE **SD**
NAME **BIERLEY, JOHN C A-SECRE**
STREET ADDRESS **111 E MADISON ST. #2400**
CITY-ST-ZIP **TAMPA FL 33602**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D**
NAME **CEUZIN, PAUL A**
STREET ADDRESS **38 AVENUE D'ILENA**
CITY-ST-ZIP **75016 PARIS, FRANCE**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D**
NAME **ROUSSEL, OLIVER**
STREET ADDRESS **12 VILLA SAID**
CITY-ST-ZIP **75116 PARIS, FRANCE**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95

(813) 273-4354

Date

Signature Number