FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CHEDID, DR	12 NAME		
STREET ADDRESS	2424 TAMPA BAY BLVD. APT. C-203	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	BERGER, FRANKLIN M DR.	22 NAME	Dr. Frank M. Berger	
STREET ADDRESS	180 E. 72ND ST.	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☒ Change ☐ Addition
NAME	AUDIBERT, FRANCOISE DR.	32 NAME		
STREET ADDRESS	~~44 RUE YORY 92200 NEUILLY SUR SEINE~~	33 STREET ADDRESS	22 Rue Emeriau	
CITY-ST-ZIP	FRANCE	34 CITY-ST-ZIP	75015 Paris, France	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	BIERLEY, JOHN C A-SECRE	42 NAME		
STREET ADDRESS	111 E MADISON ST. #2400	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CEUZIN, PAUL A	52 NAME		
STREET ADDRESS	38 AVENUE D'ILENA	53 STREET ADDRESS		
CITY-ST-ZIP	75016 PARIS, FRANCE	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ROUSSEL, OLIVIER	62 NAME		
STREET ADDRESS	12 VILLA SAID	63 STREET ADDRESS		
CITY-ST-ZIP	75116 PARIS, FRANCE	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)(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: [signature] 1/13/95 (813) 273-4354
SIGNATURE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

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