FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **05/06/1994**

3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

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

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 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 _____ 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	☐ DELETE	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	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BERGER, FRANK M. DR		22 NAME		
STREET ADDRESS	190 E. 72ND ST.		23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	AUDIBERT, FRANCOISE DR.		32 NAME		
STREET ADDRESS	22 RUE EMERIAU		33 STREET ADDRESS		
CITY-ST-ZIP	75015 PARIS FR		34 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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)(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: _____ 2-7-96 (813) 273-4354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)