

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**  
Jan 20 1998 8:00am  
Secretary of State

DOCUMENT # N97000002882 (5)  
1. Corporation Name

THE BERNARD MEVS CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address  
19 WEST FLAGLER STREET, 14TH FLOOR MIAMI FL 33130  
19 WEST FLAGLER STREET, 14TH FLOOR MIAMI FL 33130

3. Date Incorporated or Qualified  
05/20/1997

4. FEI Number Applied For  
065-0758480 Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHMAN, SCOTT G  
19 WEST FLAGLER STREET, 14TH FLOOR  
MIAMI FL 33130

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARGUERITE, MARIE DR.	
STREET ADDRESS	SHODECOSA PAR RTE, NATIONAL #1	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEVS, GREGORY	
STREET ADDRESS	HASCO, RTE, NATIONAL #1 P.O. BOX 1310	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEVS, FRITZ	
STREET ADDRESS	HASCO, RET, NATIONAL #1 P.O. BOX 1310	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEVS, HUGETTE	
STREET ADDRESS	SHODECOSA PARC RTE, NATIONAL #1	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEVS, MICHELE	
STREET ADDRESS	COMMERCIALES SUCRIERE RTE. VARREAUX	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONTEMPS, SIMPHAR DR.	
STREET ADDRESS	13 RUE BERNE	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROB J. PADBERG
1.3 STREET ADDRESS	PARC INDUSTRIEL DE LA SHODECOSA
1.4 CITY-ST-ZIP	P.O. BOX 1310, PORT-AU-PRINCE, HAITI
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEROME S. RICHMAN, ESQ.
2.3 STREET ADDRESS	19 W. FLAGLER STREET, 14th FLOOR
2.4 CITY-ST-ZIP	MIAMI, FL 33130
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, 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, on an attachment with an address.

SIGNATURE: *S. Richman* *1/16/98* *355-311522*

CR2E037 (10/97)

**RICHMAN & RICHMAN, P.A.**

**ATTORNEYS AT LAW**

**FOURTEENTH FLOOR**

**BISCAYNE BUILDING**

**19 WEST FLAGLER STREET**

**MIAMI, FLORIDA 33130-4410**

**TELEPHONE (305) 371-1522**

**TELEFAX (305) 371-7513**

**JEROME S. RICHMAN**  
**SCOTT G. RICHMAN**

**ROBERT GROSS**  
**OF COUNSEL**

January 6, 1998

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: **THE BERNARD MEVS CHARITABLE FOUNDATION, INC.**  
**F.E.I. #65-0758480**

Dear Sir/Madam:

Enclosed please find the Annual Report for 1998 along with a check in the amount of \$61.25 payable to the Department of State for the above corporation.

Should you have any questions, please do not hesitate to contact me.

Very Truly Yours



JEROME S. RICHMAN

JSR/mc  
Enclosures