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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002882

1. Corporation Name

THE BERNARD MEVS CHARITABLE FOUNDATION, INC.

Principal Place of Business

19 WEST FLAGLER STREET, 14TH FLOOR
MIAMI FL 33130

Mailing Address

19 WEST FLAGLER STREET, 14TH FLOOR
MIAMI FL 33130



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

65-0758480

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

9. Name and Address of Current Registered Agent

~~ROTHMAN, GREGORY~~
19 WEST FLAGLER STREET, 14TH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name JEROME S. RICHMAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 Same address
84 City FL 85 Zip Code Same

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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 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 my address, with all other like empowered.

SIGNATURE:

Jerome S. Richman
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99 305-3711522

CR2E037 (11/98)