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**Secretary of State**

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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

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**  
SIGNATURE, TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 305-3711511

CR2E037 (11/98)