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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 Mailing Address
 19 WEST FLAGLER STREET, 14TH FLOOR 19 WEST FLAGLER STREET, 14TH FLOOR
 MIAMI FL 33130 MIAMI FL 33130



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/20/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0758480
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution
24 25	29 30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
~~ROTHMAN, GREGG G.~~
 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 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]* 1/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGUERITE, MARIE DR.	1.2 NAME	
STREET ADDRESS	SHODECOSA PAR RTE, NATIONAL #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEVS, GREGORY	2.2 NAME	
STREET ADDRESS	HASCO, RTE, NATIONAL #1 P.O. BOX 1310	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEVS, FRITZ	3.2 NAME	
STREET ADDRESS	HASCO, RET, NATIONAL #1 P.O. BOX 1310	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT AU PRINCE, HAITIA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEVS, HUGETTE	4.2 NAME	
STREET ADDRESS	SHODECOSA PARC RTE, NATIONAL #1	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEVS, MICHELE	5.2 NAME	
STREET ADDRESS	COMMERCIALES SUCRIERE RTE. VARREAUX	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONTEMPS, SIMPHAR DR.	6.2 NAME	
STREET ADDRESS	13 RUE BERNE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT AU PRINCE, HAITI	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: *[Signature]* 1/9/99 305-3711522

CR2E037 (11/98)