


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90737 031 ***150.00

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1. Entity 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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01312004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0758480

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHMAN, JERMONE S
19 WEST FLAGLER STREET, 14TH FLOOR MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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, HAITIA,
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,

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:  **4/16/04** 305 371 1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #