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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005439 (3)
1. Corporation Name

INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.



Principal Place of Business
4 WEST 43RD ST.
NEW YORK CITY NY 10036

Mailing Address
4 WEST 43RD ST.
NEW YORK CITY NY 10036-7499

3. Date Incorporated or Qualified 11/06/1995
3a. Date of Last Report 09/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 51-0200715
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OKANO, HITOSHI
7337 NW 37TH AVE.
MIAMI FL 33147

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

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 HITOSHI OKANO

1/24/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME WININGS, KATHY
STREET ADDRESS 4 WEST 43RD ST.
CITY-ST-ZIP NEW YORK CITY NY 10036

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P DELETE
NAME KWAK, C.H.
STREET ADDRESS 548 SO. BROADWAY
CITY-ST-ZIP TARRYTOWN NY 10591

2.1 TITLE Change Addition
2.2 NAME T KWAK, C.H.
2.3 STREET ADDRESS 548 So. Broadway
2.4 CITY-ST-ZIP Tarrytown, NY 10591

TITLE V DELETE
NAME SALONEN, NEIL A
STREET ADDRESS 14415 BAYER DR
CITY-ST-ZIP ROCKVILLE MD 20853

3.1 TITLE Change Addition
3.2 NAME T Salonon, Neil A.
3.3 STREET ADDRESS 14415 Bayer Dr.
3.4 CITY-ST-ZIP Rockville, MD 20853

TITLE V DELETE
NAME YOSHIDA, SHUNICHIRD
STREET ADDRESS 47 TAXTER RD
CITY-ST-ZIP IRVINGTON NY 10533

4.1 TITLE Change Addition
4.2 NAME T Yoshida, Shunichiro
4.3 STREET ADDRESS 47 Taxter Rd
4.4 CITY-ST-ZIP Irvington, NY 10533

TITLE T DELETE
NAME HENRY, SUSAN
STREET ADDRESS 14 PLUM ST.
CITY-ST-ZIP WORCHESTER MA 01604

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 an address.

SIGNATURE: Kathy Winings

1/24/97

212-869-2614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0272064

CP2E037 (9/96)