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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
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DOCUMENT # F95000005439

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
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2. Principal Place of Business 21 177 WHITE PLAINS RD Suite, Apt. #, etc. 22 50F City & State 23 TARRYTOWN, NY Zip 24 10591 25 USA	2a. Mailing Address 26 177 WHITE PLAINS RD Suite, Apt. #, etc. 27 50F City & State 28 TARRYTOWN, NY Zip 29 10591 30 USA	3. Date Incorporated or Qualified 11/06/1995	4. FEI Number 51-0200715	Applied For Not Applicable
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9. Name and Address of Current Registered Agent OKANO, HITOSHI 7337 NW 37TH AVE. MIAMI FL 33147	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WININGS, KATHY	1.2 NAME	WININGS, KATHY
STREET ADDRESS	4 WEST 43RD ST.	1.3 STREET ADDRESS	177 WHITE PLAINS RD, 50F
CITY-ST-ZIP	NEW YORK CITY NY 10036	1.4 CITY-ST-ZIP	TARRYTOWN, NY 10591
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWAK, C.H.	2.2 NAME	
STREET ADDRESS	548 SO. BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARRYTOWN NY	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALONEN, NEIL A	3.2 NAME	
STREET ADDRESS	14415 BAVER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOSHIDA, SHUNICHIRO	4.2 NAME	
STREET ADDRESS	47 TAXTER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINGTON NY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE: Kathy Winings SIGNATURE REQUIRED 1/29/99 914-366-0558
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)