

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731006 (3)

1. Corporation Name
INTERNATIONAL ASSOCIATION FOR HYDROGEN ENERGY, INC.



Principal Place of Business: **4910 BILTMORE DR. CORAL GABLES FL 33146**
Mailing Address: **4910 BILTMORE DR. CORAL GABLES FL 33146**

3. Date Incorporated or Qualified: **10/30/1974**
3a. Date of Last Report: **05/11/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	51-0189699	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

VEZIROGLU, BENGI
4910 BILTMORE DR.
CORAL GABLES FL 33146

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

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: _____ (NOTE: Registered Agent signature required when transacting) DATE: _____

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	ABDEL-AAL, H. K.	1.2 NAME	
STREET ADDRESS	COLLEGE OF PETROLEUM AND MINERALS	1.3 STREET ADDRESS	
CITY - ST - ZIP	DHAHRAN, SAUDI ARABIA	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCHER, WILLIAM D	2.2 NAME	
STREET ADDRESS	5800 COTTAGE GROVE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON WI 53716	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEZIROGLU, T NEJAT	3.2 NAME	
STREET ADDRESS	4910 BILTMORE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEZIROGLU, BENGI	4.2 NAME	
STREET ADDRESS	4910 BILTMORE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHETTI, CESARE	5.2 NAME	
STREET ADDRESS	INT'L INSTITUTE FOR APPLIED SYSTEMS ANAL.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SCHOLOSS LAXENBURG AUSTRIA	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ANIBAL R	6.2 NAME	
STREET ADDRESS	NATIONAL RESEARCH COUNCIL	6.3 STREET ADDRESS	
CITY - ST - ZIP	CARACAS VE	6.4 CITY - ST - ZIP	

SEE COMPLETE LIST OF OFFICERS & DIRECTORS ATTACHED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: TS. Veziroglu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/13/96 Daytime Phone #: (305) 661-1709

CR2E037 (12/95)

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**International Association
for Hydrogen Energy**
P.O. Box 248294, Coral Gables, FL 33124, U.S.A.

OFFICERS AND BOARD MEMBERS

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William J.D. Escher
Program Manager
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Treasurer:

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