


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/30/1974	
4. FEI Number 51-0189699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

6. Name and Address of Current Registered Agent

**VEZIROGLU, BENGI
4910 BILTMORE DR.
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 MINERALI	1.3 STREET ADDRESS	
CITY-ST-ZIP	DHAHRAN, SAUDI ARABIA	1.4 CITY-ST-ZIP	
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	
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	
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	
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	
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	

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.

SIGNATURE: *B. Veziroglu* **BENGI VEZIROGLU** 4/29/98 (805) 661-1709

CR2E037 (10/97)