

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90003 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731006

1. Corporation Name
INTERNATIONAL ASSOCIATION FOR HYDROGEN ENERGY, I NC.

Principal Place of Business 4910 BILTMORE DR. CORAL GABLES FL 33146	Mailing Address 4910 BILTMORE DR. CORAL GABLES FL 33146
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/30/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0189699
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. 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 T. NEJAT VEZIROGLU 82 Street Address (P.O. Box Number is Not Acceptable) 4910 BILTMORE DRIVE 83 84 City CORAL GABLES FL 85 Zip Code 33146
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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 *T. Nejat Veziroglu* (T. NEJAT VEZIROGLU) DATE 7-7-1999

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	<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, with all other like empowered.

SIGNATURE: *T. Nejat Veziroglu* **SIGNATURE REQUIRED** DATE 7-7-1999 (305) 284-4666

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

CR2E037 (5/99)