

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 # 834583 (7)
1. Corporation Name
SOKA GAKKAI INTERNATIONAL - USA, INCORPORATED



Principal Place of Business
525 WILSHIRE BLVD
SANTA MONICA CA 90406

Mailing Address
~~PO BOX 1427~~
~~SANTA MONICA CA 90406~~

3. Date Incorporated or Qualified 06/27/1975	3a. Date of Last Report 07/13/1995
4. FEI Number 95-2265667	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 20000 S.W. 36th St 27 Suite, Apt. #, etc. 28 Ft Lauderdale, FL 29 33332 30 USA
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9. Name and Address of Current Registered Agent

SUGANO, ANTHONY
816 STANTON DR
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KATO, JAMES Y	
STREET ADDRESS	614 4TH ST	
CITY - ST - ZIP	SANTA MONICA CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SASAKI, RICHARD	
STREET ADDRESS	12030 LAMANDA ST	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KASAHARA, DAVID	
STREET ADDRESS	36-35 30TH ST	
CITY - ST - ZIP	LONG ISLAND CITY NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, GUY	
STREET ADDRESS	4858 N. MARMORA	
CITY - ST - ZIP	CHICAGO IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NAKABAYASHI, FRANKLIN	
STREET ADDRESS	1127 10TH ST #203	
CITY - ST - ZIP	SANTA MONICA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAITSU, FRED	
STREET ADDRESS	34 DOVER PLACE	
CITY - ST - ZIP	MANHATTAN BEACH CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ODANO, GEORGE	
1.3 STREET ADDRESS	10942 BARMAN AVENUE	
1.4 CITY - ST - ZIP	CULVER CITY, CA 90230	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAKURAI, HARRY	
2.3 STREET ADDRESS	1510 N.W. 128TH DRIVE, #207	
2.4 CITY - ST - ZIP	SUNRISE, FL 33323	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	YOSHIKAWA, KAZUO	
3.3 STREET ADDRESS	311 10TH STREET	
3.4 CITY - ST - ZIP	SANTA MONICA, CA 90402	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

James Y. Kato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

(310) 451-8811

Date

Daytime Phone #

CP2E037 (12/95)