

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 12 1997 8:00am
Secretary of State

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

Principal Place of Business Mailing Address
525 WILSHIRE BLVD **20000 SW 36TH STREET**
SANTA MONICA CA 90406 **FT. LAUDERDALE FL 33332**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/27/1975		03/06/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		95-2265667		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes No			

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE	PD	1.1 TITLE	ASST SECTY / DIRECTOR
NAME	KATO, JAMES Y	1.2 NAME	ODANO, GEORGE
STREET ADDRESS	614 4TH ST	1.3 STREET ADDRESS	10942 BARMAN AVENUE
CITY-ST-ZIP	SANTA MONICA CA	1.4 CITY-ST-ZIP	CULVER CITY, CA 90230
TITLE	VSD	2.1 TITLE	ASST SECTY / DIRECTOR
NAME	SASAKI, RICHARD	2.2 NAME	SAKURAI, HARRY
STREET ADDRESS	12030 LAMANDA ST	2.3 STREET ADDRESS	1209 FALLS BLVD.
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	WESTON, FL 33327
TITLE	VD	3.1 TITLE	ASST TREASURER / DIRECTOR
NAME	KASAHARA, DAVID	3.2 NAME	YOSHIKAWA, KAZUO
STREET ADDRESS	38-35 30TH ST	3.3 STREET ADDRESS	311 10TH STREET
CITY-ST-ZIP	LONG ISLAND CITY NY	3.4 CITY-ST-ZIP	SANTA MONICA, CA 90402
TITLE	VD	4.1 TITLE	
NAME	MCCLOSKEY, GUY	4.2 NAME	
STREET ADDRESS	4858 N. MARMORA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	NAKABAYASHI, FRANKLIN	5.2 NAME	
STREET ADDRESS	1127 10TH ST #203	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	5.4 CITY-ST-ZIP	
TITLE	O	6.1 TITLE	
NAME	ZAITSU, FRED	6.2 NAME	
STREET ADDRESS	34 DOVER PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MANHATTAN BEACH CA	6.4 CITY-ST-ZIP	

14. I do 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.

James Y. Kato 9/2/97 (310) 451-8811

CR2E037 (497)