

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED AND FILED *pg 192*

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996 *AR*



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

1996 SEP 23 PM 2:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000005439 (3)

INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.



Principal Place of Business: 4 WEST 43RD ST. NEW YORK CITY NY 10036
 Mailing Address: 4 WEST 43RD ST. NEW YORK CITY NY 10036

3. Date Incorporated or Qualified: 11/06/1995
 3a. Date of Last Report: [Blank]
 4. FEI Number: 51-0200715
 Applied For: [Blank]
 Not Applicable: [Blank]
 5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes: [Blank] Yes [X] No

2. Principal Place of Business: [Blank]
 2a. Mailing Address: [Blank]
 2b. Suite, Apt #, etc: [Blank]
 2c. City & State: [Blank]
 2d. Zip: [Blank] Country: [Blank]
 2e. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OKANO, HITOSHI
 7337 NW 37TH AVE.
 MIAMI FL 33147

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

I, the undersigned, in accordance with the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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: [Blank] Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	WININGS, KATHY	
STREET ADDRESS	4 WEST 43RD ST.	
CITY, ST, ZIP	NEW YORK CITY NY 10038	
TITLE	P	DELETE
NAME	KWAK, C.H.	
STREET ADDRESS	548 SO. BROADWAY	
CITY, ST, ZIP	TARRYTOWN NY 10591	
TITLE	V	DELETE
NAME	SALONEN, NEIL A	
STREET ADDRESS	14415 BAVER DR	
CITY, ST, ZIP	ROCKVILLE MD 20853	
TITLE	V	DELETE
NAME	YOSHIDA, SHUNICHIRO	
STREET ADDRESS	47 TAXTER RD	
CITY, ST, ZIP	IRVINGTON NY 10533	
TITLE	T	DELETE
NAME	HENRY, SUSAN	
STREET ADDRESS	14 PLUM ST.	
CITY, ST, ZIP	WORCHESTER MA 01604	
TITLE	[Blank]	DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[Blank]	Change	Addition
1.2 NAME	[Blank]		
1.3 STREET ADDRESS	[Blank]		
1.4 CITY - ST - ZIP	[Blank]		
2.1 TITLE	[Blank]	Change	Addition
2.2 NAME	[Blank]		
2.3 STREET ADDRESS	[Blank]		
2.4 CITY - ST - ZIP	[Blank]		
3.1 TITLE	[Blank]	Change	Addition
3.2 NAME	[Blank]		
3.3 STREET ADDRESS	[Blank]		
3.4 CITY - ST - ZIP	[Blank]		
4.1 TITLE	[Blank]	Change	Addition
4.2 NAME	[Blank]		
4.3 STREET ADDRESS	[Blank]		
4.4 CITY - ST - ZIP	[Blank]		
5.1 TITLE	[Blank]	Change	Addition
5.2 NAME	[Blank]		
5.3 STREET ADDRESS	[Blank]		
5.4 CITY - ST - ZIP	[Blank]		
6.1 TITLE	[Blank]	Change	Addition
6.2 NAME	[Blank]		
6.3 STREET ADDRESS	[Blank]		
6.4 CITY - ST - ZIP	[Blank]		

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 *****61.25 *****61.25

I, the undersigned, 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 written or prepared by me. 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: *Kathy Winings* REQUIRED 6/14/96 (212)869-2614
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Kathy Winings
 Date: 9/16/96
 Daytime Phone #

CR2E037 (3/96)

10/15/96

4/2/92

International Relief Friendship Foundation, Inc.

A Non-Governmental Organization (NGO) of the United Nations



September 16, 1996

Florida Department of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary of State:

I have just received in the mail a notice of administrative dissolution of our corporation. However, we did file our papers in June of this year. We sent the signed form and our check for \$61.25 in the envelope provided by Florida. Therefore, we should not be receiving a notice of dissolution.

I have included in this letter a copy of the initial form which we submitted to Florida and I have signed it a second time - to indicate an original signature, (as instructed by your office today). I have not yet received all my summer bank statements, so I do not have a copy of the cashed check. However, I have included in this packet, a copy of our spread sheet which indicates that I did indeed send a check for our filing fee. The check was #2739 dated June 14, 1996.

In a phone conversation with your office today, I was told that the computers do not indicate your receiving our papers. Therefore, I have taken the liberty to re-issue the initial check of \$61.25 and have requested a "Stop Payment" on the original check #2739. It is possible that the original envelop containing our form and check was lost or damaged. However, I do not wish to have any interruption in our registration with Florida.

As you can see from my documents, we did comply with all regulations and did file in a timely manner. Therefore, there should be no dissolution or penalties assessed.

Thank you for your prompt attention in this matter.

Sincerely,

Kathy Winings
Dr. Kathy Winings
Executive Director