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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005439 (3)
1. Corporation Name

INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.



Principal Place of Business Mailing Address
4 WEST 43RD ST. NEW YORK CITY NY 10036
4 WEST 43RD ST. NEW YORK CITY NY 10036-7499

3. Date Incorporated or Qualified 11/06/1995
3a. Date of Last Report 09/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	51-0200715	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 HITOSHI OKANO

1/24/97

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 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WININGS, KATHY	1.2 NAME	
STREET ADDRESS	4 WEST 43RD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK CITY NY 10036	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWAK, C.H.	2.2 NAME	T KWAK, C.H.
STREET ADDRESS	548 SO. BROADWAY	2.3 STREET ADDRESS	548 So. Broadway
CITY-ST-ZIP	TARRYTOWN NY 10591	2.4 CITY-ST-ZIP	Tarrytown, NY 10591
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALONEN, NEIL A	3.2 NAME	T Salonen, Neil A.
STREET ADDRESS	14415 BAVER DR	3.3 STREET ADDRESS	14415 Baver Dr.
CITY-ST-ZIP	ROCKVILLE MD 20853	3.4 CITY-ST-ZIP	Rockville, MD 20853
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOSHIDA, SHUNICHIRD	4.2 NAME	T Yoshida, Shunichiro
STREET ADDRESS	47 TAXTER RD	4.3 STREET ADDRESS	47 Taxter Rd
CITY-ST-ZIP	IRVINGTON NY 10533	4.4 CITY-ST-ZIP	Irvington, NY 10533
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, SUSAN	5.2 NAME	
STREET ADDRESS	14 PLUM ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WORCHESTER MA 01604	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Kathy Winings

1/24/97

212-869-2614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0272064

CP2E037 (9/96)