


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).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005039 (0)**

1. Corporation Name

WORLD EOD FOUNDATION, INC.

Principal Place of Business	Mailing Address
343 ALMERIA AVENUE CORAL GABLES FL 33134	C/O OSPREY USA. 1825 EYE STREET N.W. SUITE 400 WASHINGTON DC 20006



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1996		3a. Date of Last Report	
4. FEI Number W-0697150		Applied For <input type="checkbox"/> Not Applicable	
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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name	ALEX ORTIZ, CPA		
				82 Street Address (P.O. Box Number is Not Acceptable)	314 SEVILLA AVE		
				83			
				84 City	CORAL GABLES	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 Alex Ortiz **ALEX ORTIZ** 8/4/97
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYE, DAVID S.C.	1.2 NAME	
STREET ADDRESS	343 ALMERIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLDRIK, MIKE	2.2 NAME	
STREET ADDRESS	343 ALMERIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLEY, JULIAN	3.2 NAME	
STREET ADDRESS	343 ALMERIA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 REQUIRED

Julian Winkley
Director

CR2E037 (4/97)