FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31097** **(9)**

1. Corporation Name

INTERNATIONAL REFUGEE CENTER OF OREGON, A CORPOR ATION

Principal Place of Business	Mailing Address
1336 E. BURNSIDE STREET PORTLAND OR 97214	1336 E. BURNSIDE STREET PORTLAND OR 97214

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1990
3a. Date of Last Report: 06/17/1994
4. FEI Number: 93-0806295 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required 61.25
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RYLES, RICHARD A.
1601 FORUM WAY
SUITE 600
WEST PALM BCH. FL 33401

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DAMTEW, MICHAEL	1.2 NAME	
STREET ADDRESS	2701 SE LEWELLYN	1.3 STREET ADDRESS	
CITY-ST-ZIP	TROUTDALE OR	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	LA, HAI	2.2 NAME	Vice President Thach Nguyen
STREET ADDRESS	7129 SE 82ND	2.3 STREET ADDRESS	1401 NE 68th
CITY-ST-ZIP	PORTLAND OR	2.4 CITY-ST-ZIP	Portland OR 97213
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	NGUYEN, HUNG QUOC	3.2 NAME	
STREET ADDRESS	2820 HOODOO CT NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LE, HON VAN	4.2 NAME	
STREET ADDRESS	3763A SE DIVISION	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHIMELES, GESSESSE	5.2 NAME	
STREET ADDRESS	319 N. ECOLES, STE. 5	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONMOUTH OR	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOANG, THUC NGOC	6.2 NAME	
STREET ADDRESS	2429 NE PACIFIC STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	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)(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: _____ 4/3/95 234-1541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Damtew, President, Board of Directors

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