

MICHIGAN ANNUAL REPORT NONPROFIT CORPORATIONS

IDENTIFICATION NUMBER

808077**1995**

FOR BUREAU USE ONLY

Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

This Report must be filed on or before October 1, 1995

If the Resident Agent, Registered Office, or the mailing address of the Registered Office has changed, enter the corrections below and add \$5.00 to the \$10.00 filing fee. Make remittance payable to the State of Michigan.

1. Corporate Name

LATVIAN FOUNDATION
16776 WHITE HAVEN
NORTHVILLE MI 48167

1a. Mailing address of registered office if different than 1

2. Resident Agent

JANIS KUKAINIS

2a. Resident Agent if different than 2

3. Registered Office Address in Michigan - NO., STREET, CITY, ZIP

16776 WHITE HAVEN
NORTHVILLE 48167

3a. Address of registered office if different than 3 - NO., STREET, CITY, ZIP

The corporation states that the address of its registered office and the address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of directors.

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4. Federal Employer Number

2370894775. The Act Under Which Incorporated
(if other than 1931, P.A. 327 or 1982, P.A. 162)**N/A**

6. Term of Existence (if not perpetual)

Perpetual

7. State of Incorporation

MI

8. Incorporation Date

09/15/1970

9. Date of Admittance (Foreign Corporation)

N/A

10. The value of real and personal property and cash owned at the time of filing this report (IF NONE ENTER "NONE"):
\$339,844 net worth

11. The authorized capital stock value:

- 0 -

11a. Number of shares:

- 0 -

12. Describe the purpose and activities of the corporation during the year covered by this report:

To receive and administer funds for the preservation and perpetuation of Latvian culture and Latvian ethnic traditions.

13. What, if any, distribution of funds has been made to any member or shareholders during the year covered by this report. Explain your answer. (IF NONE ENTER "NONE"):

None

14. Provide the total amount of any loans, advances, overdrafts or withdrawals and repayments made to or by officers, members, or shareholders of the corporation other than in the ordinary course of business. (IF NONE ENTER "NONE"):

None

15. Corporate Officers and Directors (Name, Street Address, City, State, ZIP Code)

President

Edmunds Brigmanis, 22 Tapping Reeve Drive, Litchfield, CT 06759

Secretary

Ilgonis Zarins, 217 E. 85th Street, Apt. 18, New York, NY 10028

Treasurer

Nora Balodis, 7750 Royal Ridge Drive, Parma, OH 44129

Vice President

Inta Rutina, 1501 Ladd Street, Silver Spring, MD 20920

Director

Ilze Muehlenbacha, 4984 Neosho Street, St. Louis, MO 63109

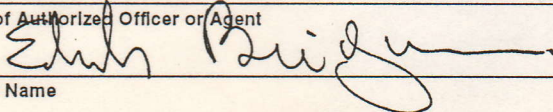
Director

Anita Liepina, 23 Viamede Cres., Willowdale, Ont. M2K 2A7, Canada

Director

REPORT MUST BE SIGNED IN INK. If items 1a, 2a or 3a were completed, the report can only be signed by the President, Vice-President, Chairperson, Vice-Chairperson, Secretary or Assistant Secretary of the corporation.

Signature of Authorized Officer or Agent



Title

President

Date

9/28/95

Preparer's Name

Daytime Telephone Number

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