

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42685** (0)  
1. Corporation Name  
**/BULGARIAN-AMERICAN ASS./ INC.**



Principal Place of Business: **24 SW 22 RD. MIAMI FL 33129**  
Mailing Address: **24 SW 22 RD. MIAMI FL 33129**

3. Date Incorporated or Qualified: **03/25/1991**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **65-0362234**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 870 NW 11ST**  
2a. Mailing Address: **26 870 NW 11ST**  
22 **MIAMI** 27 **MIAMI**  
23 **FLORIDA** 28 **FLORIDA**  
24 **33136** 25 **USA** 29 **33136** 30 **USA**

9. Name and Address of Current Registered Agent: **IVANOV, KRASSI 24 SW 22 RD. MIAMI FL 33129**  
10. Name and Address of New Registered Agent:  
81 Name: **Same**  
82 Street Address (P.O. Box Number is Not Acceptable): **870 NW 11ST**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33136**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>IVANOV, KRASSI</b>
STREET ADDRESS	<b>24 SW 22 RD.</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TOMOV, TOMA</b>
STREET ADDRESS	<b>1500 SW 13TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRANDT, DEBBIE</b>
STREET ADDRESS	<b>442 RIDGEWOOD AVE</b>
CITY-ST-ZIP	<b>KEY BISCCAYNE FL 33149</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KANE, JULIAN</b>
STREET ADDRESS	<b>4354 ALTON RD.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REID, JANET</b>
STREET ADDRESS	<b>2955 N.E. 7TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>
TITLE	<b>TZONEV, PLAMEN</b> <input type="checkbox"/> DELETE
NAME	<b>TZONEV, PLAMEN</b>
STREET ADDRESS	<b>MIAMI BEACH</b>
CITY-ST-ZIP	<b>MIAMI BEACH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 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: \_\_\_\_\_ Date: \_\_\_\_\_ (305) 326-9500 Daytime Phone #

CR2E037 (12/95)