

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 870 NW 11 STREET MIAMI FL 33136 US
Mailing Address: 870 NW 11 STREET MIAMI FL 33136-3131 US

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

3. Date Incorporated or Qualified: 03/25/1991
3a. Date of Last Report: 03/18/1996
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

9. Name and Address of Current Registered Agent
IVANOV, KRASSI
870 NW 11 STREET
MIAMI FL 33136

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

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|------------------------------------|--|
| 1.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | IVANOV, KRASSI | |
| 1.3 STREET ADDRESS | 870 NW 11 ST. | |
| 1.4 CITY-ST-ZIP | MIAMI FLA 33136 | |
| 2.1 TITLE | VICE President - Int. Coordination | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | REID, JANET | |
| 2.3 STREET ADDRESS | 1400 NW 10 Ave | |
| 2.4 CITY-ST-ZIP | MIAMI FLA 33136 | |
| 3.1 TITLE | Dir. - Secretary - TREASURY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TZONEV, PLAMEN | |
| 3.3 STREET ADDRESS | 2301 COLLINS AVE | |
| 3.4 CITY-ST-ZIP | MIAMI BEACH FLA 33139 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TOMOV, TOMA | |
| 4.3 STREET ADDRESS | 1500 SW 13 ST. | |
| 4.4 CITY-ST-ZIP | MIAMI FLA 33145 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | BRANDT, DEBBIE | |
| 5.3 STREET ADDRESS | 442 RIDGEWOOD AVE | |
| 5.4 CITY-ST-ZIP | KEY BISCAWAYNE FLA 33149 | |
| 6.1 TITLE | DIR. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | JORDAN IVANHOFF | |
| 6.3 STREET ADDRESS | 634 38th Ave NE | |
| 6.4 CITY-ST-ZIP | ST PETERSBURG FL 33704-1630 | |

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: *Krassi Ivanov* KRASSI IVANOV 11/21/97 (305) 326-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029146

CFR2E037 (9/96)