

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42685 (0)**  
 1. Corporation Name  
**/BULGARIAN-AMERICAN ASS./ INC.**



Principal Place of Business		Mailing Address	
870 NW 11 STREET MIAMI FL 33136 US		870 NW 11 STREET MIAMI FL 33136 US	
21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30	Country		

3.	Date Incorporated or Qualified	
	03/25/1991	
4.	FEI Number	Applied For / Not Applicable
	65-0362234	
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
7.	Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" 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 BISCAVNE FL 33149	
TITLE	P	<input type="checkbox"/> DELETE
NAME	IVANOV, KRAESI	
STREET ADDRESS	870 NW 11 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, JANET	
STREET ADDRESS	1000 N.E. 7TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IVANHOFF, JORDAN	
STREET ADDRESS	634 38TH AVENUE NE	
CITY-ST-ZIP	ST PETERSBURG FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Plamen Tzonev	
1.3 STREET ADDRESS	5401 Collins Ave. #108	
1.4 CITY-ST-ZIP	Miami Beach, 33140	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Reid, Janet	
5.3 STREET ADDRESS	1000 N.W. 10th. Ave. Miami, 33136	
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 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:** JANET L. REID *Janet Reid* April 24 1998 305-6710

CR2E037 (10/97)