

FILED
Apr 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42685

1. Corporation Name
/BULGARIAN-AMERICAN ASS./ INC.

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 560620 - 90070 - 37

Principal Place of Business 870 NW 11 STREET MIAMI FL 33136 US	Mailing Address 870 NW 11 STREET MIAMI FL 33136 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 03/25/1991
22	27	4. FEI Number 65-0362234
23	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE _____
Signature, typed or printed or name of registered agent and title if applicable. (P.O.): Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME PLAMEN, TZONEV STREET ADDRESS 5401 COLLINS AVE, 108 CITY-ST-ZIP MIAMI FL 33140	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME PLAMEN TZONEV 1.3 STREET ADDRESS 5401 COLLINS AVE. 1.4 CITY-ST-ZIP MIAMI FLA. 33140	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TOMOV, TOMA STREET ADDRESS 1500 SW 13TH ST. CITY-ST-ZIP MIAMI FL 33145	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME REID, JANET 2.3 STREET ADDRESS 1000 N.W. 10AVE 2.4 CITY-ST-ZIP MIAMI, FLA 33136	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BRANDT, DEBBIE STREET ADDRESS 442 RIDGEWOOD AVE. CITY-ST-ZIP KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME IVANOV, KRAESI STREET ADDRESS 870 NW 11 STREET CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE P 4.2 NAME IVANOV, KRASSI 4.3 STREET ADDRESS 870 N.W. 11-ST. 4.4 CITY-ST-ZIP MIAMI, 33136	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME REID, JANET STREET ADDRESS 1000 NW 10TH AVE CITY-ST-ZIP MIAMI FL 33136	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME IVANHOFF, JORDAN STREET ADDRESS 634 38TH AVENUE NE CITY-ST-ZIP ST PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like information.

SIGNATURE: **SIGNATURE REQUIRED**

 JANET REID *Janet Reid* 5/16/99 328-6710

CR2037 (1/798)