

# 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 # N37682 (4)**

1. Corporation Name

**HUNGARIAN-AMERICAN CHAMBER OF COMMERCE OF MIAMI, INC.**



Principal Place of Business

Mailing Address

**19134 FISHER ISLAND DR  
MIAMI FL 33109**

**C/O J. BRUCE IRVING  
501 BRICKELL KEY DRIVE, SUITE 300  
MIAMI FL 33131**

3. Date Incorporated or Qualified  
**04/13/1990**

3a. Date of Last Report  
**07/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**65-0185987**

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**IRVING, J. BRUCE  
501 BRICKELL KEY DRIVE  
SUITE 300  
MIAMI FL 33131**

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 617.1503, 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BODNAR, EVA**  
STREET ADDRESS **2873 POLO ISLAND DR.**  
CITY-ST-ZIP **WEST PALM BCH. FL**

TITLE **D** ☐ DELETE  
NAME **GYORE, EVA**  
STREET ADDRESS **18600 N.E. 7TH CT.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **HOLLO, TIBOR**  
STREET ADDRESS **444 BRICKELL AVE., #550**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **PORGES, JOHN**  
STREET ADDRESS **420 BARBAROSSA**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **P** ☐ DELETE  
NAME **BOSZE, SUZANNE**  
STREET ADDRESS **19134 FISHER ISLAND DR**  
CITY-ST-ZIP **FISHER ISLAND FL 33109**

TITLE **S** ☐ DELETE  
NAME **IRVING, J. BRUCE**  
STREET ADDRESS **501 BRICKELL KEY DR, SUITE 300**  
CITY-ST-ZIP **MIAMI FL 33131**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)