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FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37682 (4)

1. Corporation Name

HUNGARIAN-AMERICAN CHAMBER OF COMMERCE OF MIAMI,  
INC.

Principal Place of Business

19134 FISHER ISLAND DR  
MIAMI FL 33109

Mailing Address

C/O J. BRUCE IRVING  
501 BRICKELL KEY DRIVE, SUITE 300  
MIAMI FL 33131-2608

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/13/1990

3a. Date of Last Report

01/31/1996

4. FEI Number

65-0185987

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

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

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. FLTITLE D ☐ DELETE  
NAME GYORE, EVA  
STREET ADDRESS 18600 N.E. 7TH CT.  
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE  
NAME HOLLO, TIBOR  
STREET ADDRESS 444 BRICKELL AVE., #550  
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE  
NAME PORGES, JOHN  
STREET ADDRESS 420 BARBAROSSA  
CITY-ST-ZIP CORAL GABLES FLTITLE P ☐ DELETE  
NAME BOSZE, SUZANNE  
STREET ADDRESS 19134 FISHER ISLAND DR  
CITY-ST-ZIP FISHER ISLAND FL 33109TITLE 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

1.1 TITLE DIR. Gabriella Urban ☐ Change ☒ Addition  
1.2 NAME 11201 SW 111 Street  
1.3 STREET ADDRESS Miami, FL. 33176  
1.4 CITY-ST-ZIP2.1 TITLE DIR. David Csont ☐ Change ☒ Addition  
2.2 NAME One International Place, Suite 1600  
2.3 STREET ADDRESS Miami, FL. 33131  
2.4 CITY-ST-ZIP3.1 TITLE DIR. Eva Gordon ☐ Change ☒ Addition  
3.2 NAME Capital Bank  
3.3 STREET ADDRESS 1221 BRICKELL Avenue, 2nd Floor  
3.4 CITY-ST-ZIP Miami, Florida 331314.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (305) 534-8102

CR2E037 (9/96)