

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90134 016 ****61.25

0029511

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37682

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/13/1990

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

9. Name and Address of Current Registered Agent

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

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 URBAN, GABRIELLA
 STREET ADDRESS 11201 SW 111 STREET
 CITY-ST-ZIP MIAMI 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

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Suzanne Bosze
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15 (305)534-8102

CR2E037 (11/98)