FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003653 (3)

1. Corporation Name

BULGARIAN-AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
200 72 AVENUE N. #155 ST. PETERSBURG FL 33702	PO BOX 20101 ST. PETERSBURG FL 33742 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3209582 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	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
POPIS, ZBIGNIEW A 6533 9 AVENUE N. SUITE 1 EAST ST. PETERSBURG FL 33710	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TEKEV, ILIA	12 NAME	
STREET ADDRESS	200 72 AVENUE N., #155	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	IVANOV, JIVKO	22 NAME	LARRY KRAMPERT
STREET ADDRESS	4400 3RD AVENUE NORTH	23 STREET ADDRESS	212 POINCIANA LANE
CITY-ST-ZIP	ST. PETERSBURG FL 33713	24 CITY-ST-ZIP	HARBOR BLUFFS, FL 34640
TITLE	TD	31 TITLE	D ☐ Change ☒ Addition
NAME	BROWN, BOZIDAR	32 NAME	TODOR KUNTCHEV
STREET ADDRESS	205 16TH AVENUE NE	33 STREET ADDRESS	ST. ST. KIRIL AND METODIJ STR. 17-19
CITY-ST-ZIP	ST. PETERSBURG FL 33704	34 CITY-ST-ZIP	SOFIA, BULGARIA
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	POPIS, ZBIGNIEW A	42 NAME	
STREET ADDRESS	300 LAKE MAGIORE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	TEKEVA, PEPA	52 NAME	
STREET ADDRESS	200 72 AVENUE N., #155	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: ILIA TEKEV / 4.26.95 / 813/522 0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054628