

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 697636 (9)**  
1. Corporation Name:  
**SIRGANY INTERNATIONAL OF ORLANDO, INC.**



Principal Place of Business Mailing Address  
**MIAMI INTERNATIONAL AIRPORT  
PO BOX 59-2313  
MIAMI FL 33159**

3. Date Incorporated or Qualified **08/04/1981** 3a. Date of Last Report **05/01/1996**

21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.	4. FEI Number <b>59-2145310</b>	Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business					2a. Mailing Address					5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KAYAL, RAYMOND J  
6850 S W 99 TERRACE  
MIAMI, FLORIDA  
33156**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYAL, LORAIN E S</b>	1.2 NAME	
STREET ADDRESS	<b>6850 SW 99 TERR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIRGANY, MITCHELL</b>	2.2 NAME	
STREET ADDRESS	<b>5500 COLLINS AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYAL, RAYMOND J</b>	3.2 NAME	
STREET ADDRESS	<b>6850 SW 99 TERR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 reflected 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *R. Kayal, President* **3/20/97**  
SIGNATURE (AND TYPE) OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)