

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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55 MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **755770** (5)

1. Corporation Name
SIRGANY FOUNDATION, INC.

Principal Place of Business Mailing Address
MIAMI INTERNATIONAL AIRPORT **MIAMI INTERNATIONAL AIRPORT**
P.O. BOX 592313 P.O. BOX 592313
MIAMI FL 33159 MIAMI FL 33159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1980** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2056953** Applied For
NOT Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HERSH, BARRY
100 S.E. 2ND ST. STE 2000
MIAMI, FL
33131

10. Name and Address of Now 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 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 _____
Signature (Type or print name of registered agent and title if applicable) (20) Name Registered Agent (signature required when registered) (20)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIRGANY, MITCHELL
STREET ADDRESS	5500 COLLINS AVENUE
CITY ST ZIP	MIAMI BEACH, FL 00000
TITLE	SD
NAME	KAYAL, MARY LORAIN
STREET ADDRESS	6850 SW 99TH COURT
CITY ST ZIP	MIAMI, FL 00000
TITLE	VD
NAME	KAYAL, RAYMOND
STREET ADDRESS	6850 SW 99TH COURT
CITY ST ZIP	MIAMI, FL 00000
TITLE	TD
NAME	BARROCK, DOLORES S
STREET ADDRESS	1525 REVERE DRIVE
CITY ST ZIP	BROOKFIELD, WISC 00000
TITLE	VD
NAME	SIRGANY, HARRIET
STREET ADDRESS	5500 COLLINS AVENUE
CITY ST ZIP	MIAMI BEACH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 registrar 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: *Mitchell Sirgany*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 512-574-5794
TAM TALLAHASSEE