

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 755770 (5)**  
1. Corporation Name  
**SIRGANY FOUNDATION, INC.**



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

3. Date Incorporated or Qualified: **12/29/1980**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2056953</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
					<input type="checkbox"/>	
24	Country	29	Country	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  
**HERSH, BARRY  
100 S.E. 2ND ST. STE 2000  
MIAMI, FL  
33131**

10. Name and Address of New Registered Agent  
81 Name: **RAYMOND J. KAYAL V.P.**  
82 Street Address (P.O. Box Number is Not Acceptable): **6910 N.W. 12TH Street**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33126**

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: *Raymond J. Kayal* (NOTE: Registered Agent signature required when reinstating) DATE: **4/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIRGANY, MITCHELL</b>	12 NAME	
STREET ADDRESS	<b>5500 COLLINS AVENUE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 00000</b>	14 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYAL, MARY LORAIN</b>	22 NAME	
STREET ADDRESS	<b>6850 SW 99TH COURT</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	24 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYAL, RAYMOND</b>	32 NAME	
STREET ADDRESS	<b>6850 SW 99TH COURT</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	34 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARROCK, DOLORES S</b>	42 NAME	
STREET ADDRESS	<b>1525 REVERE DRIVE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKFIELD, WISC 00000</b>	44 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIRGANY, HARRIET</b>	52 NAME	
STREET ADDRESS	<b>5500 COLLINS AVENUE</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 00000</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Raymond J. Kayal V.P.* DATE: **4/29/96** DAYTIME PHONE #: **305-594-5754**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)