

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 30 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6910 NW 12TH Street Suite, Apt. #, etc. 22 BLDG B City & State 23 MIAMI FL Zip 24 33126	2a. Mailing Address 26 6910 NW 12TH Street Suite, Apt. #, etc. 27 BLDG B City & State 28 MIAMI FL Zip 29 33126	3. Date Incorporated or Qualified 12/29/1980	3a. Date of Last Report 05/01/1996	4. FEI Number 59-2056953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent
KAYAL, RAYMOND J.
6910 NW 12TH STREET
MIAMI, FL
33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIRGANY, MITCHELL	
STREET ADDRESS	5500 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAYAL, MARY LORAIN	
STREET ADDRESS	6850 SW 99TH COURT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAYAL, RAYMOND	
STREET ADDRESS	6850 SW 99TH COURT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARROCK, DOLORES S	
STREET ADDRESS	1525 REVERE DRIVE	
CITY-ST-ZIP	BROOKFIELD, WISC 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SIRGANY, HARRIET	
STREET ADDRESS	5500 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAYAL, MARY LORAIN
2.3 STREET ADDRESS	6850 SW 99TH TERRACE
2.4 CITY-ST-ZIP	PINECREST FL 33156
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KAYAL, RAYMOND J.
3.3 STREET ADDRESS	6850 SW 99TH TERRACE
3.4 CITY-ST-ZIP	PINECREST FL 33156
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 _____

CR2E037 (4/97)