


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002506 (1)
 1. Corporation Name
SAUDI ARABIAN AIRLINES CORPORATION



Principal Place of Business P.O. BOX 620 JEDDAH, SAUDI ARABIA 21231 OC	Mailing Address P.O. BOX 620 JEDDAH, SAUDI ARABIA 21231 OC
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report	4. FEI Number 13-2770633	Applied For 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	H.R.H. PRINCE SULTAN BIN ABDUL AZIZ	
STREET ADDRESS	P.O. BOX 620	
CITY-ST-ZIP	JEDDAH, SAUDI ARABIA 21231	
TITLE	D	DELETE <input type="checkbox"/>
NAME	H.E. DR. KHALED A. BEN-BAKR	
STREET ADDRESS	P.O. BOX 620	
CITY-ST-ZIP	JEDDAH, SAUDI ARABIA 21231	
TITLE	D	DELETE <input type="checkbox"/>
NAME	H.E. DR. ALI A. AL-KHALAF	
STREET ADDRESS	P.O. BOX 620	
CITY-ST-ZIP	JEDDAH, SAUDI ARABIA 21231	
TITLE	D	DELETE <input type="checkbox"/>
NAME	H.E. DR. JABARA AL-SERAIRY	
STREET ADDRESS	P.O. BOX 620	
CITY-ST-ZIP	JEDDAH, SAUDI ARABIA 21231	
TITLE	D	DELETE <input type="checkbox"/>
NAME	H.E. AHMED AL-TURKI	
STREET ADDRESS	P.O. BOX 620	
CITY-ST-ZIP	JEDDAH, SAUDI ARABIA 21231	
TITLE	D	DELETE <input type="checkbox"/>
NAME	H.E. DR. ABDUL RAHMAN AL-ZAMIL	
STREET ADDRESS	P.O. BOX 620	
CITY-ST-ZIP	JEDDAH, SAUDI ARABIA 21231	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MR. TALAL MOHSEN	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	MANAGER USA/CANADA	
1.3 STREET ADDRESS	725-5 AVE 18 FLOOR	
1.4 CITY-ST-ZIP	NYC NY 10022	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	800002309208--5	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (4/97)