

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V03935 (6)**

1. Corporation Name  
**SIRGANY INTERNATIONAL CONCESSIONS, INC.**



Principal Place of Business: **6910 NORTHWEST 12TH STREET MIAMI FL 33126**  
Mailing Address: **6910 NORTHWEST 12TH STREET MIAMI FL 33126**

3. Date Incorporated or Qualified: **01/03/1992**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21  
2a. Mailing Address: 26

Suite, Apt. #, etc.: 22  
Suite, Apt. #, etc.: 27

City & State: 23  
City & State: 28

Zip: 24  
Country: 25  
Zip: 29  
Country: 30

4. FEI Number: **65-0399094**  
Applied For:  Not Applicable

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

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

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

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

**KORGE, CHRISTOPHER G.  
% ZACK, HANZMAN, PONCE, TUCKER, ET-AL  
100 SE 2ND STREET, SUITE 2800  
MIAMI FL 33131**

**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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and for corporation. (Printed Registered Agent signature required when registering.)

**12. OFFICERS AND DIRECTORS**  DELETE **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**  Change  Addition

TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIRGANY, MITCHELL</b>		12 NAME	
STREET ADDRESS	<b>6910 N.W. 12TH STREET</b>		13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>		14 CITY - ST - ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYAL, RAYMOND J.</b>		22 NAME	
STREET ADDRESS	<b>6910 N.W. 12TH STREET</b>		23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>		24 CITY - ST - ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYAL, LORAIN S.</b>		32 NAME	
STREET ADDRESS	<b>6910 N.W. 12TH STREET</b>		33 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>		34 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY - ST - ZIP			44 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY - ST - ZIP			54 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6. 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 607, 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 Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**  
DATE

**(305) 594-5754**  
DATE BY PHONE #

CR2E034 (12/95)