FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)V03935 **DOCUMENT #** SIRGANY INTERNATIONAL CONCESSIONS, INC. Mailing Address Principal Place of Business 6910 NORTHWEST 12TH STREET 6910 NORTHWEST 12TH STREET MIAMI FL 33126 MIAMI FL 33126 3a. Date of Last Report 3. Date Incorporated or Qualified 01/03/1992 05/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0399094 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KORGE, CHRISTOPHER G. 82 % ZACK, HANZMAN, PONCE, TUCKER, ET-AL В3 100 SE 2ND STREET, SUITE 2800 Zip Code MIAMI FL 33131 85 84 Crty 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (Notify Registered Agent signature received when remaining) CR2E034 (12/95) Say at melityped or persent a selective proceding of acoustic Large alle-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition ☐ DELETE 1 1 TITLE Till: F 1.2 NAMÉ SIRGANY, MITCHELL NAME 6910 N.W. 12TH STREET 1.3 STREET ADORESS STREET ADDRESS 1.4 CHY - ST - ZIP MIAMI FL CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2 : THUE DIDE KAYAL, RAYMOND J. 2.2 NAME NAME 6910 N.W. 12TH STREET 2.3 STHEET ADDRESS STREET ADDRESS 2.4 CHY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition Change TT DELETE 3 1 TITLE TITLE KAYAL, LORAINE S. 3.2 NAME NAME 6910 N.W. 12TH STREET 3.3 STREET ADDRESS STREET ADDRESS 3 4 CiTY - \$T - Z:P MIAMI FL CITY-ST-ZIP Change Addition DELETE 4 1 BILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.C.TY - ST - 7/P CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITUE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$* - 7:P CITY - ST - ZIP Addition Change DELFTE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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:

4/30/96

(305)594-5754