

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

Pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

97 AUG 21 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016971
 1. Corporation Name
 Revital.

Principal Place of Business: Coral Springs - Fl.
 Mailing Address: 5722 NW 50th Ave. 33067 Coral Springs - Fl.

3. Date Incorporated or Qualified: 03/01/1995
 3a. Date of Last Report: 10/01/96

21. Principal Place of Business: as above	2a. Mailing Address: as above	4. FEI Number: 65-0583232	Applied For: Not Applicable
22. Suite, Apt. #, etc.: 5722 NW 50th Ave	27. Suite, Apt. #, etc.: 5722 NW 50th Ave	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State: Coral Springs - Fl.	28. City & State: Coral Springs - Fl.	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip: 33067	25. Country: U.S.A.	29. Zip: 33067	30. Country: U.S.A.

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

9. Name and Address of Current Registered Agent
 Netsch, MAITTE R.
 782 N.W. Le Jeune Road
 Suite 330
 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
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	Vice President and Sec.	<input type="checkbox"/> DELETE
NAME	Greta L. Gobardhan.	
STREET ADDRESS	5722 N.W. 50th drive.	
CITY-ST-ZIP	Coral Springs, FL. 33067	
TITLE	President and Treasurer	<input type="checkbox"/> DELETE
NAME	Suresh Gobardhan	
STREET ADDRESS	5722 N.W. 50th drive.	
CITY-ST-ZIP	Coral Springs - FL. 33067.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

300002276753--4
 -08/25/97--01172--006
 ****165.00 ****165.00

A. Alan
 8/21/97

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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: August 15th 97. Phone #: 954-2550424

CR2E034 (9/96)

pg. 2 of 2

REVITAL INC.

HUMAN PROCESS REDESIGN™

e-mail: revital@sprintmail.com

5722 NW 50th Drive
Coral Springs Fl. 33067
Phone (954) 255-0424
Fax (954) 255-0424

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box. 6327
Tallahassee FL 32314**

**Reference: Request taken by aalan 08-12-'97
FEI nr. : 65-0583232 Revital Inc.**

Coral Springs, august 15th 1997

Dear Sir,

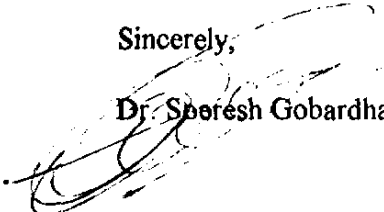
Please receive with this request a cheque of \$ 165,

We are late in filling and sending the 201.Cor Profit A/R form because of errors in communication with the registered Agent and Revital and two different mailing addresses. We are now updated and we will not make mistakes like this anymore. As a small starting company we are motivated to follow through and we are asking for no penalties in being late with this form and payment.

For future correspondence please use our address as mentioned above.

We will be very delighted for your cooperation .

Sincerely,


Dr. Sporesh Gobardhan, President