

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

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**Apr 01 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # F93000004884 (3)**

1. Corporation Name  
**IRATA, INC.**



Principal Place of Business: **8554 KATY FREEWAY #100 HOUSTON TX 77024**  
 Mailing Address: **8554 KATY FREEWAY #100 HOUSTON TX 77024-1805**

3. Date Incorporated or Qualified: **10/28/1993**      3a. Date of Last Report: **03/29/1996**  
 4. FEI Number: **76-0366015**      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

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

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEARLES, ROBERT A JR	
STREET ADDRESS	8554 KATY FRY, #100	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	FAIRCHILD, RICHARD W	
STREET ADDRESS	8554 KATY FRWY, #100	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAMPA, SUE	
STREET ADDRESS	8554 KATY FRWY, #100	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOODY, CHARLES W JR	
STREET ADDRESS	8554 KATY FRWY, #100	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, ANDREW J III	
STREET ADDRESS	1000 LOUISIANA, STE 3640	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGGINS, JOHN	
STREET ADDRESS	199 CROSSWAYS PARK DR.	
CITY-ST-ZIP	WOODBURY NY 11797	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXEC. VP, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN C. STUECHELI	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAMP, SUE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	C/P/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANCE P. WIMMER	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Stuecheli*      **JOHN C. STUECHELI**      Date: **3/17/97**      Daytime Phone #: **(713) 467-4300**

CR2E034 (9/96)