

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854754 (9)

1. Corporation Name
RAVEL INC.



Principal Place of Business P.O. BOX 10000 PINELLAS PARK FL 34664	Mailing Address P.O. BOX 10000 PINELLAS PARK FL 34664
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11525 53rd St N.	Suite, Apt. #, etc.	26 11525 53rd St N.	Suite, Apt. #, etc.	11/23/1982	
22	City & State	27	City & State	4. FEI Number	Applied For
23 Clearwater, FL		28 Clearwater, FL		13-3112995	Not Applicable
24 33760	25 USA	29 33760	30 USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD KOICHI, TANAKA	<input type="checkbox"/> DELETE	1.1 TITLE	PTD Kurosawa, Junkichi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11525 53RD ST. NORTH		1.2 NAME	5-1 Kita-Aoyama 2-Chome	
CITY-ST-ZIP	CLEARWATER FL		1.3 STREET ADDRESS	Tokyo, JA	
TITLE	EVP OSAMU, SHIKAI	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
STREET ADDRESS	11525 53RD ST NORTH		2.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CLEARWATER FL		2.2 NAME	Ueda, Katsuchi	
TITLE	D ABE, TADAO	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	11525 53rd St N.	
STREET ADDRESS	850 THIRD AVENUE		2.4 CITY-ST-ZIP	Clearwater, FL	
CITY-ST-ZIP	NEW YORK NY		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D KUWAYAMA, YUKIHIRO	<input type="checkbox"/> DELETE	3.2 NAME		
STREET ADDRESS	2-23-21 HIGASHIUENO		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAITO-KU, TOKYO JAPAN		3.4 CITY-ST-ZIP		
TITLE	D TAKAHIRO, KUWAYAMA	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2-23-21 HIGASHIUENO		4.2 NAME		
CITY-ST-ZIP	TOKYO JA		4.3 STREET ADDRESS		
TITLE	V FRAZIER, STEVEN	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
STREET ADDRESS	11525 53RD ST. NORTH		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CLEARWATER FL		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 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: *Steven Frazier CFO* STEVEN FRAZIER 2/12/98 (813) 572-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0396662

CR2E034 (10/97)