

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. Northam 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 21 11525 53rd St N. Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip Country 24 33760 25 USA		2a. Mailing Address 26 11525 53rd St N. Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip Country 29 33760 30 USA		3. Date Incorporated or Qualified 11/23/1982	
		4. FEI Number 13-3112995		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		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			

g. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	KOICHI, TANAKA	1.2 NAME	Kurosawa, Junkichi
STREET ADDRESS	11525 53RD ST. NORTH	1.3 STREET ADDRESS	5-1 Kita-Aoyama 2-Chome
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Tokyo, JA
TITLE	EVP	2.1 TITLE	EVP
NAME	OSAMU, SHIKAI	2.2 NAME	Ueda, Katsuichi
STREET ADDRESS	11525 53RD ST NORTH	2.3 STREET ADDRESS	11525 53rd St N.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL
TITLE	D	3.1 TITLE	
NAME	ABE, TADAO	3.2 NAME	
STREET ADDRESS	850 THIRD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KUWAYAMA, YUKIHIRO	4.2 NAME	
STREET ADDRESS	2-23-21 HIGASHIJIENO	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAITO-KU, TOKYO JAPAN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TAKAHIRO, KUWAYAMA	5.2 NAME	
STREET ADDRESS	2-23-21 HIGASHIJIENO	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	FRAZIER, STEVEN	6.2 NAME	
STREET ADDRESS	11525 53RD ST. NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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* CFC STEVEN FRAZIER 2/12/98 (813) 572-6360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)