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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90038 022 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F23725**

1. Corporation Name

RAVI INTERNATIONAL, INC.

•		*					
Principal Place	of Business	Mailing Address	10.000		1 1881188 1118 11889 1111 18818 11	24. 611. 6.21. 6.61. 6.61.	
C/O HEMANT GANDHI		C/O HEMANT GANDHI					
442 LANTERNBK DRIVE		442 LANTERNBK DRIVE		DO NOT WRITE IN THIS SPACE			
SATELLITE BCH. FL 32937		SATELLITE BCH. FL 32937		3. Date Incorporated or Qualified			
: C ft					03/11/1981		1
		Do Mailing Address			4. FEI Number		Applied For
2. Principal Pla	ace of Business	2a, Mailing Address			59-2111126		Not Applicable
21		Suite, Apt. #, etc.				\$8.7	5 Additional
Suite, Apt. ≉	#, etc.	⊢ ′ ' '			5. Certificate of Status Desired	Fee	Required
22		City & State			6. Election Campaign Financing	\$5.0	00 May Be
City & State	3	28			Trust Fund Contribution	Add	ed to Fees
Zip	Country		Country		8. This corporation owes the curr	rent year Intangible	\
 '	25	29 30		•	Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Current				10. Name and Address of New	Registered Agent	
	The said		81	Name	•		
	DHI,HEMANT		82	Street Addre	ess (P.O. Box Number is Not Accept	able)	
	LANTERNIBK DRIVE		"	Ou sort to a	Compare in game of parties.		5 A6 P-50 (05)
	ELLITE BCH. FL 32937		83				
المتحدد والمترازية	•		84	City .	\$ 17\$100 H3 N3 \$ 800 878	85	Zip Code
			9-4	City .		FL "	1
11. Pursuant	to the provisions of Sections 607.0502				oration submits this statement for the n's board of directors. I hereby acce	purpose of changing pt the appointment a	its registered s registered
11. Pursuant office or nagent. Tai	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations of the state	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Reg	Statutes	i.	when reinstating) }	DATE	·
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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 a state with a

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS