## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000070254 (5)

THE REVAN GROUP, INC.

Principal Place of Business

Mailing Address

## FILED Aug 20 1997 8:00am Secretary of State



12900 S.W. 61 AVE MIAMI FL 33156		12900 S.W. 61 AVE MIAMI FL 33156			DO NOT WRITE	IN THIS S	PACE		
						<ol> <li>Date Incorporated or Qualified</li> <li>09/23/1994</li> </ol>	3a. Da	e of Last 26/199	•
··········	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	•		Applied For
21	N -4-	26				65-0525644			Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	W		Additional Required
City & State	<del></del>	City & State				6. Election Campaign Financing			O May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	<del> </del>	Country		8. This corporation owes or has pai		ent year	Intangible
24	25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No				
		irrent Registered Agent		B1	Name	10. Name and Address of New Re	platered A	gent	
	Man, Miles e 100 s.w. 61 avenue								
	MI FL 33156		[1	82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		•
LEINT	41H 1 E 44 144		ļ <sub>ī</sub>	83					
			],	84	City		FL	<b>85</b> Zi	p Code
11. Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Florida Sta	tutes, the ab	ove-r	named corp	poration submits this statement for the p	roose of	changing	its registered
office or re agent. I ar	e <b>gistered agent, o</b> r both, in the S m <b>fam</b> iliar with, and accept the c	State of Florida. Such change wi obligations of, Section 607.0505.	as authorized Florida Statu	l by ti ites.	he corporat	tion's board of directors. I hereby accep	t the appo	intment a	as registered
SIGNATURE	•								
	Signature, typed or printed name of registere			Agent	signature requir	red when reinstating)	DATE		
12,	OFFICERS D	S AND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	GILMAN, MILES E	UELETE	1.1 TITL				l	Change	Addition
NAME STREET ADDRESS	12900 S.W. 61 AVE.		1.2 NAA		DODECO				
CITY-ST-ZIP	MIAMI FL 33156		1.3 SIN		DDRESS				
TITLE		DELETE	2.1 TITL		ZIF			Change	Addition
NAME			2.2 NAM					_	<u> </u>
STREET ADDRESS			2.3 STR	EET AD	DORESS				
CITY-ST-ZIP			2. 4 CIT	Y- \$1-	- ZIP				
TITLE		☐ DELETE	3.1 TITE	.E		· · · · · · · · · · · · · · · · · · ·		Change	Addition
Name			3.2 NAM	ΝE					
STREET ADDRESS			3.3 STR	EET AC	DORESS				
CITY-ST-ZIP		T AFIETE	3.4. CIT		- ZIP			1000	17.4400
TITLE		☐ DELETE	4.1 TITL					Change	Addition
NAME STREET ADDRESS			4. 2 NA		DORESS				
CITY-ST-ZIP			4.3 STR 4.4 CITY						
TITLE		DELETE	5.1 TITL	~~~~	CH.			Change	Addition
NAME			5.2 NAN				,		
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CITY		1				
TITLE		☐ DELETE	6.1 TITE					Change	Addition
NAME		•	6.2 NAN	<b>ME</b>					
STREET ADDRÉSS	$\mathcal{S}$	,	6.3 STR	EET AD	DDRESS				
CITY-ST-ZIP			6.4 C(T)	y-St-2	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 effectment with an address.