

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002537 (5)

1. Corporation Name

RAVI CORPORATION



Principal Place of Business

Mailing Address

101 HIGHWAY 17 SOUTH
ELOISE FL 33880

101 HIGHWAY 17 SOUTH
ELOISE FL 33880

5614 S. MANHATTEN AVE
TAMPA, FL 33616

2. Principal Place of Business

2a. Mailing Address

21 5614 S. Manhattan Ave
Suite, Apt. #, etc.

26 5614 S. MANHATTEN AVE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa, FL

28 TAMPA, FL

24 33616

25 Hillsborough

29 33616

30 Hillsborough

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/09/1995

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

PATEL, SHAILESH C

101 HIGHWAY 17 SOUTH
ELOISE FL 33880

5614 S. Manhattan Ave
Tampa, FL 33616

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 Shailesh Patel SHAILESH PATEL President

1-22-96

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PRESIDENT, PCA	SHAILESH Patel	5614 S. Manhattan Ave.	Tampa, FL 33616	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE
				<input type="checkbox"/>
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Shailesh Patel SHAILESH PATEL

1-22-96 813-835-8523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Typed or Printed Name

CR2E034 (12/95)