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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000050692 (8)

1. Corporation Name  
RAVIYN, INC.



Principal Place of Business: 425 W COLONIAL DRIVE #101 ORLANDO FL 32804  
Mailing Address: 425 W COLONIAL DRIVE #101 ORLANDO FL 32804-6863

3. Date Incorporated or Qualified: 06/13/1996  
3a. Date of Last Report

2. Principal Place of Business: 21 2652 EVERLETH CT  
2a. Mailing Address: 26 2652 EVERLETH CT.

4. FEI Number: 59-3385404  
Applied For: Not Applicable

22. Suite, Apt. #, etc.  
27. LAKELAND

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State: LAKELAND FLORIDA

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

24. Zip: 33810 Country: USA  
29. Zip: 33810 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: CROTH, NICOLE 425 W COLONIAL DRIVE #101 ORLANDO FL 32804

10. Name and Address of New Registered Agent: 81 Name: INDRAPRAKASH PATEL  
82 Street Address (P.O. Box Number is Not Acceptable): 2652 EVERLETH CT.  
83  
84 City: LAKELAND FL 85 Zip Code: 33810

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]* President DATE: 4-8-97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATEL, INDRAPRAKASH B	
STREET ADDRESS	930 SO WABASH AVE	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PATEL, YOGESH R	
STREET ADDRESS	930 SO WABASH AVE	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PATEL, ANILESH R	
STREET ADDRESS	930 SO WABASH AVE	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 attachment with an address.

SIGNATURE: *[Signature]* DATE: 4-8-97  
Signature typed or printed name of signing officer or director

CR2E034 (9/96)