FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

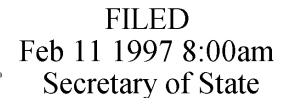
PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS



1. Corporation Name 1. A. RAMAN INC. Principal Place of Business 1945 ARIANA ST. LAKELAND FL 33803-1745 (3) Haling Address 1945 ARIANA ST. LAKELAND FL 33803-1745					3. Date Incorporated or Qualified 3a. Date of Last Report			
					03/18/1991		of Last R /1996	eport
·	Place of Business	2a. Mailing Address			4. FEI Number	1	Ap	oplied For
Suite, Apt. # etc.		26 Suite, Apt. #, etc.			59-3064193			ot Applicable Additional
22		27		5. Certificate of Status Desired		Fee Re		
City & Sta	ale	City & State			6. Election Campaign Financing	<u></u>	\$5.00	
Zip	Country	28	Country		Trust Fund Contribution		Added t	
24	25 29		30		This corporation has liability for Florida Statutes	iritangibie ta ∐Yes ☐		. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Ag	ent	
	rel, anilesh r		81	Name				
	15 ariana st (Eland Fl 33803		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
LAN	CENTIO LE 22002		83					
		•	84	City			85 Zip (Code
				e above-named corporation submits this statement for the purpose of changing rized by the corporation's board of directors. I hereby accept the appointment a Statutes.				
SIGNATURE 12.	Signature, typical or printed name of registered &				red when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND D		
NAME	PATEL, ANILESH R.		1.1 IFILE 1.2 NAME			L.,	1 Origingo	[
STREET ADDRESS	1945 ARIANA ST.		1.3 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL			- ZIP	······································			
TITLE	STD DATEL INDDADDAVACH D	DELETE				L.	Change	Addition
NAME STREET ADDRESS	PATEL, INDRAPRAKASH B. 1945 ARIANA ST.		2.2 NAME 2.3 STREET ADDRESS					
CITY-SI-ZIP	LAKELAND FL		2. 4 CITY - S					
TITLE	VO	☐ DELETE				Ĺ	Change	Addition
NAME	PATEL, RAMAN F. 1945 ARIANA ST.				,	s, a'		
STREET ADDRESS	LAKELAND FL		3.3 STREET / 3.4. City - S	1				
CHY+\$T+ZIP TITLE	with the	☐ DELETE		1-28		Ţ	Change	Addition
NAME			4.1 TITLE 4.2 NAME			-	-	
STREET ADDRESS	3		4.3 STREET	ADORESS	•			ļ
CITY - ST - ZiP	Priest			4 CITY-ST-ZIP		······································	Change Classes	
THLE		DELETE	51 TITLE			L	Change	Addition
NAME CTOLLT ADDOCCO	,		5.2 NAME 5.3 STREET	VUDBECG				İ
STREET ADDRESS CITY-ST-ZIP			5.3 STREET . 5.4 CITY - \$1					
TITLE			6.1 TITLE	-			Change	Addition
NAME			6.2 NAME					
STREET ADORESS	5		6.3 STREET	ADDRESS				}
CITY-ST-ZIP		ind with this files does not gue	6.4 CITY - \$1		d in Section 110 07/3/(i) Florida Statut	as léviber -	netific these	dh a

I do nereby 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 this stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attacking twith an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRIN