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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

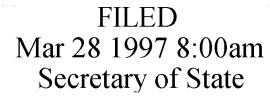
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$84013

(9)

RAVELLO, INC.

1,





Principal P. 8805 SW 13 MIAMI FL 3: US			Mailing Address 251 CRANDON BLVD. #131 KEY BISCAYNE FL 33149-1505			- 1 ITOMATA IDI NAMA				
						 Date Incorporat 10/01/1991 	ed or Qualified	3a. Da 06/	te of Last 13/1996	Report
2. Principe	al Place of Business	2e, Mailing Address			111	4. FEI Number 65-028576	1	· · · · · · · · · · · · · · · · · · ·	, 	applied For lot Applicable
	Apt #, etc	Suite, Apt #, etc.				5. Certificate of Sta			\$8.75	Additional lequired
City & S	State	City & State				6. Election Campa Trust Fund Con	-			May Be I to Fees
Zip	Country	Zιρ		untry		8. This corporation				s. 199.032,
24	25	29	30	,		Florida Statules		Yes [
	9. Name and Address of Curre	nt Registered Agent		81		10. Name and Add	Iresa of New Reg	istered	Agent	
	RIBAS, MARISA PISANI			01	Name					
	51 CRANDON BLVD., #131	82 Stree		Street Addre	dress (P.O. Box Number is Not Acceptable)					
K	EY BISCAYNE FL 33149			83	····			 		
				84	City		*	FL	85 Zig	Code
agent SIGNATUF	Signature, typed or punted name of registered ag	gations of, Section 607,0505, F	Florida Stat	tutes.				DATE		
					it signature returne					
12.	OFFICERS AN	ND DIRECTORS	13.		it signature retiture		WGES TO OFFIC			
TIFLE	D	ND DIRECTORS DELETE	13.	ITLE	i signature reture		NGES TO OFFIC		DIRECTO Change	
TIFLE NAME	BOCCIA, LUCIA		13. 1.1 T/ 1.2 N/	ITLE AME			INGES TO OFFIC			
THEE NAME STREET ADORE	BOCCIA, LUCIA 151 CRANDON BLD., #120		13. 1.1 T/ 1.2 N/ 1.3 S/	ITLE AME TREET A	ADDRESS		WGES TO OFFIC			
TIFLE NAME STREET ADDRE City-ST-ZIP	BOCCIA, LUCIA 151 CRANDON BLD., #120 KEY BISCAYNE FL	DELETE	13. 1.1 T/ 1.2 N/ 1.3 S/ 1.4 C/	ITLE AME TREET A ITY-ST	ADDRESS		NGES TO OFFIC		Change	Addition
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THEE NAME STREET ADDRE CITY-ST-ZIP THEE NAME	BOCCIA, LUCIA 151 CRANDON BLD., #120 KEY BISCAYNE FL D BIBAS, MARISA PISANI	DELETE	13. 1.17/ 1.2 M 1.3 S/ 1.4 C/ 2.1 U 2.2 N/	ITLE AME TREET A ITY-ST ITLE AME	ADDHESS ZIP		NIGES TO OFFIC		Change	Addition
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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:

WOUSE THE POLICE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25 97

(305) Z52-9889

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