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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90005 039 ***150.00

DOCUMENT # S84013 1. Corporation Name RAVELLO, INC.												
Principal Place of Business Mailing Address										1841 8151 1		
8805 SW 132 ST. 251 CRANDON BLVD. #131 KEY BISCAYNE FL 33149 US					×			DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated of	r Qualifed			
2. Principal Place of Business			2a. Mailing Address					10/01/1991 4. FEI Number			An	plied For
21			26 3805, S.W. 132 St					65-0285761			 	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Desired		\$8.75	Additional
22								5. Certifcate of Status	Desired		Fee Re	quired
City & State			City & State			4104	•	Election Campaign Trust Fund Contribution	_		\$5.00 Added t	
Zip Country			Zip Count					8. This corporation owes the current year Intangible			~	
24	25	29				<u>J.S.A.</u>		Personal Property 1			fés	≪ No
Name and Address of Current Registered Agent						Name		10. Name and Addres	s of New	Registered	Agent	
BIBAS, MARISA PISANI					81	Name						
251 CRANDON BLVD., #131					82	Street	Addres	s (P.O. Box Number is I	lot Accept	able)		
KEY BISCAYNE FL 33149					83							
•										-1		
					84	City	FL 85				85 Zip (Code .
11. Pursuant t	to the provisions of Sections 607.0502	and 6	607.1508, Florida Sta	itutes, the a	bov	e-named	corpor	ation submits this statem	ent for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligation	Flori	ida. Such change wa	s authorize	d bv	the corp	oration'	's board of directors. I he	reby acce	pt the appoi	ntment as re	gisterea
SIGNATURE	in laminar with a second the second		.,,									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					_	nt signature i	required w	men reinstating)	=0 * 0 0	DATE	ID DIDECTO	DC (N 42
12.	OFFICERS AND	DIR		13.			Γ	ADDITIONS/CHANG	ES 10 OF	FICERS AN	O Blange	Addition
TITLE	D DELETE				1.1 TITLE			LA WEIA			-	
NAME	BOCCIA, LUCIA			_	1.2 NAME BOOK			CKANON	BUNG	£1 ≠ .€	3	
STREET ADDRESS	151 CRANDON BLD., #120 KEY BISCAYNE FL			- 1	1.4 CITY-ST-ZIP			4 BISCAYDE	和	3314	9	
CITY-ST-ZIP TITLE	D				2.1 TITLE						Change	☐ Addition
NAME	BIBAS, MARISA PISANI		2	2.2 N								
STREET ADDRESS	251 CRANDON BLVD., #131					TADDRESS						
CITY-ST-ZIP	KEY BISCAYNE FL			1 1		T-ZIP	1					
TITLE	D		[] DELETE			<u> </u>			-		Change	☐ Addition
NAME	GIANTRANCO, PISANI			3.2 N	AME		416	ANFRANCO P	المعدا			!
STREET ADDRESS	151 CRANDON BLVD #120			3.3 9	TREE	T ADDRESS	201	CKANDOP	2010.	₩ 1 3 3	•	
CITY-ST-ZIP	KEY BISCAYNE FL 33149			3.4. (CITY-S	ST-ZIP	KE	4 BISCAYIDE	Fe.	<u> 3314</u>	9	
TITLE			☐ DELETE	4.1 T	ITLE	_		,			Change	Addition
NAME	•			4.2	NAME							
STREET ADDRESS				4.3 9	TREE	T ADDRESS						
CITY-ST-ZIP	<u> </u>				ITY-S	T-ZIP						
TITLE			☐ DELETE								☐ Change	☐ Addition
NAME					IAME							
STREET ADDRESS						TADDRESS						i
CITY-ST-ZIP						T-ZIP	<u> </u>					□ Additio-
me l			☐ DELETE	6.11	ITLE						Change	Addition

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APKIL 6, 1999 (305) 252-Date 1999 (305) 252-Depumer Phone #