

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N29691 (5)
 1. Corporation Name
INDO AMERICAN ASSOCIATION, INC.



Principal Place of Business: **8910 N. DALE MABRY STE. #38 TAMPA FL 33614**
 Mailing Address: **8910 N. DALE MABRY STE. #38 TAMPA FL 33614**

3. Date Incorporated or Qualified: **12/13/1988**
 3a. Date of Last Report: **03/14/1995**
 4. FEI Number: **59-2946452**
 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, Apt. #, etc. and City & State.

9. Name and Address of Current Registered Agent
**RAJU, R G CPA
 8910 N DALE MABRY, STE 38
 TAMPA FL 33614**

10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/6/96**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	ANIKALIKAR, SATISH	1.1 TITLE: ANIKALIKAR, SATISH
STREET ADDRESS: 5225 EHRlich RD. N. A	TAMPA FL 33624	1.2 NAME: ANIKALIKAR, SATISH
CITY-ST-ZIP: TAMPA FL 33624		1.3 STREET ADDRESS: 5225 EHRlich RD. N. A
TITLE: SD	HEGDEI, GOPAL	1.4 CITY-ST-ZIP: TAMPA FL 33624
STREET ADDRESS: 8910 N. DALE MABRY STE. #318	TAMPA FL 33614	2.1 TITLE: ANIKALIKAR, SATISH
CITY-ST-ZIP: TAMPA FL 33614		2.2 NAME: ANIKALIKAR, SATISH
TITLE: TD	RAJU, R G	2.3 STREET ADDRESS: 5225 EHRlich RD. N. A
STREET ADDRESS: 8910 N DALE MABRY STE#38	TAMPA FL 33614	2.4 CITY-ST-ZIP: TAMPA FL 33614
CITY-ST-ZIP: TAMPA FL 33614		3.1 TITLE: ANIKALIKAR, SATISH
TITLE: [] DELETE		3.2 NAME: ANIKALIKAR, SATISH
NAME: [] DELETE		3.3 STREET ADDRESS: 5225 EHRlich RD. N. A
STREET ADDRESS: [] DELETE		3.4 CITY-ST-ZIP: TAMPA FL 33614
CITY-ST-ZIP: [] DELETE		4.1 TITLE: ANIKALIKAR, SATISH
TITLE: [] DELETE		4.2 NAME: ANIKALIKAR, SATISH
NAME: [] DELETE		4.3 STREET ADDRESS: 5225 EHRlich RD. N. A
STREET ADDRESS: [] DELETE		4.4 CITY-ST-ZIP: TAMPA FL 33614
CITY-ST-ZIP: [] DELETE		5.1 TITLE: ANIKALIKAR, SATISH
TITLE: [] DELETE		5.2 NAME: ANIKALIKAR, SATISH
NAME: [] DELETE		5.3 STREET ADDRESS: 5225 EHRlich RD. N. A
STREET ADDRESS: [] DELETE		5.4 CITY-ST-ZIP: TAMPA FL 33614
CITY-ST-ZIP: [] DELETE		6.1 TITLE: ANIKALIKAR, SATISH
TITLE: [] DELETE		6.2 NAME: ANIKALIKAR, SATISH
NAME: [] DELETE		6.3 STREET ADDRESS: 5225 EHRlich RD. N. A
STREET ADDRESS: [] DELETE		6.4 CITY-ST-ZIP: TAMPA FL 33614
CITY-ST-ZIP: [] DELETE		

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 617, 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: **6/6/96** DAYTIME PHONE #: **(813) 931-7258**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **R. G. RAJU**

CR2E037 (3/96)