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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N29691 (5)

1. Corporation Name
INDO AMERICAN ASSOCIATION, INC.



Principal Place of Business Mailing Address
8910 N. DALE MABRY STE. #38 TAMPA FL 33614
8910 N. DALE MABRY STE. #38 TAMPA FL 33614-1500

3. Date Incorporated or Qualified 12/13/1988
3a. Date of Last Report 06/12/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-2946452 Applied For Not Applicable
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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 1/13/97
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 AWM, DORAI DELETED
NAME AWM, DORAI
STREET ADDRESS 8910 N. DALE MABRY, STE. 38
CITY - ST - ZIP TAMPA FL
TITLE SD ROEWIKA JAIPRASAD DELETED
NAME ROEWIKA JAIPRASAD
STREET ADDRESS 8910 N. DALE MABRY, STE. 38
CITY - ST - ZIP TAMPA FL
TITLE TD RAJU, R G DELETED
NAME RAJU, R G
STREET ADDRESS 8910 N DALE MABRY STE#38
CITY - ST - ZIP TAMPA FL 33614
TITLE DELETED
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME R.G. RAJU
1.3 STREET ADDRESS 8910 N-DALE MABRY STE #38
1.4 CITY-ST-ZIP TAMPA FL-33614
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE TD Change Addition
3.2 NAME NARENDRA K GARG
3.3 STREET ADDRESS 10322 SHADY OAK LN
3.4 CITY-ST-ZIP SEMINOLE, FL 33777
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 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 1/13/97 (813) 931-7258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048171

CR2E037 (9/96)