


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90142 016 ****61.25

0050687

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N29691					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/13/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2946452	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RAJV, R G CPA 8910 N DALE MABRY, STE 38 TAMPA FL 33614				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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: X Narendran K. Garg DATE: 4-9-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RAJU, R.G.	1.2 NAME	NARENDRA K. GARG
STREET ADDRESS	8910 NO DALE MABRY HIGHWAY SE 38	1.3 STREET ADDRESS	10322 SHADY OAK LN
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	VD	2.1 TITLE	VD
NAME	ARDEJNIR KHORASANDION	2.2 NAME	DR. PAWAN RATAN
STREET ADDRESS	8910 N. DALE MABRY, STE. 38	2.3 STREET ADDRESS	26 ADALIA AVE
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	TAMPA FL 33606
TITLE	TD	3.1 TITLE	TD
NAME	GARG, NARENDRA K	3.2 NAME	MADHU SHARMA
STREET ADDRESS	10322 SHADY OAK LANE	3.3 STREET ADDRESS	7963 HARWOOD RD
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	LARGO, FL 33777
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	MANOJ GUPTA
STREET ADDRESS		4.3 STREET ADDRESS	6538-19th WAY NORTH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST. PETERS BURG, FL-33702
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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.

SIGNATURE:

X Narendran K. Garg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

Praesure

Daytime Phone #

CR2E037 (1/1/98)