

FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 12/13/1988	4. FEI Number 59-2946452 Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Madhu Sharma - Tr. DATE: 4-9-99

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	<input checked="" type="checkbox"/> DELETE
NAME	RAJU, R.G.	
STREET ADDRESS	8910 NO DALE MABRY HIGHWAY SE 38	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ARDEJNIR KHORASANDION	
STREET ADDRESS	8910 N. DALE MABRY, STE. 38	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARG, NARENDRA K	
STREET ADDRESS	10322 SHADY OAK LANE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NARENDRA K. GARG	
1.3 STREET ADDRESS	10322 SHADY OAK LN	
1.4 CITY-ST-ZIP	SEMINOLE, FL 33777	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. PAWAN RATAN	
2.3 STREET ADDRESS	26 ADALIA AVE	
2.4 CITY-ST-ZIP	TAMPA FL 33606	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MADHU SHARMA	
3.3 STREET ADDRESS	7963 HARWOOD RD	
3.4 CITY-ST-ZIP	LARGO, FL 33777	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MANOJ GUPTA	
4.3 STREET ADDRESS	6538-19th WAY NORTH	
4.4 CITY-ST-ZIP	ST. PETERS BURG, FL-33702	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 SIGNATURE REQUIRED DATE: 4-9-99 DAYTIME PHONE: President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)