| PLEASE REA | - 1996 | Anni | ual K | eport | | |
|---|------------------------------|--|--|---|--|---|
| OF THE | AD ALL INSTR | DEPARTMEN | IT OF STAT | | TING THIS FORM | `` |
| AMENDMENT TO | | Sandra B. Morth | | | | |
| NNUAL REPORT Secretary | | ecretary of St | | | | 2:54 |
| DOCUMENT # P950000685 | | | | - SECRED. NO. OF STATE TALLAMASSINE, FUGALIA | | |
| 1. Corporation Name | | 0 | | | and the second | 1448.475. |
| INDO-AMERICAN INVESTMEN | T\$, INC. | | | | | |
| Principal Place of Business | Mailing Add | ress | | - | | |
| 1010 SEAWAY DRIVE FORT PIERCE, FLORIDA 34949 (new) | | | | | | |
| 740 Nicklaus Drive | | | | | | |
| New Principal Office Address II Andress II Andress | e (914) incorrect inform | nation and enter co | rrection below. | | | |
| 1010 Sopway Defense | | | plicable 4. Date Incorporated or Qualified | | <u>CE</u> | |
| uite, Apt. #, etc. | Suite, Apt #, etc | Cherokee Ave, #A | | January 26, 1995 5. FEI Number | | |
| ty & State Fort Pierce, F1. 34949 | City & State Fort Pier | City & State Fort Pierce, F1 34946 | | 65-066 | | Applied For Not Applicable |
| P Country 34949 U.S.A. | Zip | Country | | 6 | TE OF STATUS DESIDED [] \$8.75 | Additional Fee require |
| Names and Street Addresses of Each Officer a | and/or Director (Florida n | ionprofit corporation | A. ns must list at lei | | for | a Certificate of Status |
| Title(s) and/or Directors | | | Ifficer and/or Director | | | / 7.0 |
| | | (DO NO) Use I | Post Office Box I | Numbers) | 4 | · |
| res Enamul Huq | 3 | 201 Cherol | cee_Ave,_ | Apt. A | Fort Pierce, Fl | 34046 |
| P Afruza Huq | | | | | | |
| reas Enamul Hug | | 3201 Cherokee Ave, Apt A 3201 Cherokee Ave., Apt. | | | Fort Pierce, Fl | 34946 |
| | ······ | 201 Cherok | ee Ave., | Apt. A | Fort Pierce, Fl | 34946 |
| ec'y Afruza Hug3201 Cl | | | ATTO | A | | |
| | | | CC AYE | _АРС+А | Fort_Pierce,_F1_ | |
| | | | · ····· · ···· · | ······ <u> </u> | -4000018 | 38704 |
| | | | | | *****61.25 ** | A 61.25 |
| 8. Name and Address of Curren | nt Registered Agent | | ame | 9. Name and A | Address of New Registered Age | nt v |
| Rajendra R. Shah 740 Nicklaus Drive Melbourne, Florida 32940 | | | Enamul Hug | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 100urne, Florida 32940 | Su | Suile, Apt. #, Etc. Apt. A | | | | |
| | | Cr | Pont DI | . | State Z | • |
| I, being appointed the registered agent of the al | bove named corporation, | am familiar with an | id accept the obl | igations of Section | on 607.0505, F.S. | 4949 |
| ature of stered Agent name | / / 4 | | | | Date 7/16/9 | 6 |
| ······ | RÉGISTERED AGENT MI | | | | | - |
| Does this corporation pay | any intangible | tax to the | | | | |
| Dept. of Revenue under S | . 199.032, Flori | ida Statute: | s.Yes | ≤ No L | (See other side for on intangible | information tax) |
| do hereby certify that the information supplied ease the Division of Corporations from any liab entity that Lam an officer or director or the rea | with this filing is voluntar | ily furnished and d | oes not qualify 6 | or the execution | | |
| his reinstatement application the | eiver of trustee empower | ed to execute this : | application as nr | overded for in ab | alon supplied is deemed exempt if | om public access. L |
| ees owed by the corporation have been paid inder oath. | The information indicated | l on this application | name satisfies n is true and acc | the requirement curate, and my s | s of section 607.0401 or 617.040 signature shall have the same leg | 1, F.S., and that all al effect as if made |
| 1/ | , 1 140 Q | | | | (5) | |