

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F94000000648 (5)**

1. Corporation Name

**INDOTRONIX INTERNATIONAL CORPORATION**



Principal Place of Business (in FL)

13575 - 58TH ST. NORTH  
STE. 183  
CLEARWATER FL 34620

Mailing Address

331 MAIN MALL  
SUITE 108  
POUGHKEEPSIE NY 12601

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

04/19/1995

4. FEI Number

52-1464254

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

EAGAN, WILLIAM J  
13575 58TH ST. NORTH, STE. 183  
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name *Corporate Creations*  
82 Street Address (P.O. Box Number is Not Acceptable) *4521 PGA Blvd. Suite 211*  
83  
84 City *Palm Beach Gardens* FL 85 Zip Code *33418*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Joseph Matus*

*4/15/96*

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	CHITTURIE, RATNAM DR.	331 MAIN MALL, STE. 108	POUGHKEEPSIE NY 12601	<input type="checkbox"/>
D	RAJU, RAMESH	331 MAIN MALL, STE. 108	POUGHKEEPSIE NY 12601	<input type="checkbox"/>
PCEO	MANDAVA, BABU RAO	331 MAIN MALL, STE. 108	POUGHKEEPSIE NY 12601	<input type="checkbox"/>
S	RAO, DODLA N DR.	331 MAIN MALL	POUGHKEEPSIE NY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11	12	13	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	22	23	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	32	33	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	42	43	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	52	53	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	62	63	64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*Babu Rao*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/96*

914-473 1137 Ext 332

Date

Telephone #

CR2E034 (12/95)