


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

97 APR 30 PM 2: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 478448 (4) 1. Corporation Name ANDROS INVESTMENTS CORPORATION		



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511
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2. Principal Place of Business 21 2300 CORAL WAY		2a. Mailing Address 26 2300 CORAL WAY		3. Date Incorporated or Qualified 06/02/1975	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22 SUITE # 200		Suite, Apt. #, etc. 27 SUITE # 200		4. FEI Number 65-0140677	Applied For Not Applicable
City & State 23 MIAMI FLORIDA		City & State 28 MIAMI FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 33145	Country 25 US.	Zip 29 33145	Country 30 US.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	500002172345--6
				83	-05/08/97--01158--011
				84 City	***165.00 ***165.00
					FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: *[Signature]* DATE: **4/21/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V LOPEZ-CANTERA, AMADA	1.2 NAME	800002172345--3
STREET ADDRESS	2300 CORAL WAY SUITE 201	1.3 STREET ADDRESS	-05/08/97--01158--024
CITY - ST - ZIP	MIAMI FL 33145	1.4 CITY - ST - ZIP	*****8.75 *****81.75
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BRUCKREUS, GERTI	2.2 NAME	P/D/ BUCKREUS GERTIE
STREET ADDRESS	2300 CORAL WAY SUITE 201	2.3 STREET ADDRESS	2300 CORAL WAY, SUITE # 201
CITY - ST - ZIP	MIAMI FL 33145	2.4 CITY - ST - ZIP	MIAMI FLORIDA 33145
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S CARTAYA, LIDIA	3.2 NAME	
STREET ADDRESS	2300 CORAL WAY SUITE 102	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	8/24/30
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, 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: **3/10/97** (305) 858-4550

AMADA LOPEZ-CANTERA, VICE

CR2E034 (9/96)