

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006440 (1)

1. Corporation Name

ALGERINE INC.

Principal Place of Business

% ING (US) CAPITAL HOLDINGS CORP
135 E. 57TH ST.
NEW YORK NY 10022-2101
US

Mailing Address

% ING (US) CAPITAL HOLDINGS CORP
135 E. 57TH ST.
NEW YORK NY 10022-2101
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/16/1994		05/01/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		13-3798313		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
				6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				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				10. Name and Address of New Registered Agent			
ARMOUR, ALAN I 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWEEN, ROBERT	1.2 NAME	
STREET ADDRESS	135 E. 57TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022-2101	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BRIAN	2.2 NAME	
STREET ADDRESS	135 E. 57TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022-2101	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, WENDY	3.2 NAME	
STREET ADDRESS	135 E. 57TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022-2101	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSENHEIMER, FRED	4.2 NAME	
STREET ADDRESS	135 E. 57TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022-2101	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTER, AMANDA	5.2 NAME	
STREET ADDRESS	135 E. 57TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022-2101	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RED, JOHN	6.2 NAME	
STREET ADDRESS	135 E. 57TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)