

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 10022-2050 US
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2. Principal Place of Business 21 % ING (U.S) Financial Services Corp Suite, Apt. #, etc. 22 135 E. 57th Street City & State 23 New York NY Zip 24 10022	2a. Mailing Address 26 % ING (U.S) Financial Services Corp Suite, Apt. #, etc. 27 135 E. 57th Street City & State 28 New York, NY Zip 29 10022	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 12/16/1994	3a. Date of Last Report 06/06/1996
4. FEI Number 13-3798313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 212-409-0470

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