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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000001436 (2)

1. Corporation Name

GINTERANDES-USA, INC.

Principal Place of Business

Mailing Address

2149 LYON ST.  
SAN FRANCISCO CA 94115

2149 LYON ST.  
SAN FRANCISCO CA 94115-1674

3. Date incorporated or Qualified  
03/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

94-3145385

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

10. Name and Address of New Registered Agent

EMERSON, DORIS  
914 EAST RIDGE VILLAGE DR.  
MIAMI FL 33157

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE DPC  
NAME JONES, EVALEEN M.D.  
STREET ADDRESS 2149 LYON ST.  
CITY-ST-ZIP SAN FRANCISCO CA 94115

TITLE D  
NAME RODAS, EDGAR M.D.  
STREET ADDRESS CALLE JUAN INIGUEZ 2-48 CUENCA  
CITY-ST-ZIP ECUADOR

TITLE D  
NAME DE ANDERSON, CECILIA A  
STREET ADDRESS 1451 BEACH PARK BLVD., #122  
CITY-ST-ZIP FOSTER CITY CA 94404

TITLE D  
NAME HABIS, JOSEPH M.D.  
STREET ADDRESS 133 EDWARDS ST., #A  
CITY-ST-ZIP ST. HELENA CA 94574

TITLE D  
NAME KARL, TERRY L PH.D.  
STREET ADDRESS 988 SANCHEZ ST.  
CITY-ST-ZIP SAN FRANCISCO CA 94114

TITLE D  
NAME LEBARON, SAMUEL  
STREET ADDRESS 2149 LYON ST., #5  
CITY-ST-ZIP SAN FRANCISCO CA 94115

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE LFO/TREASURER  
1.2 NAME James Conrad  
1.3 STREET ADDRESS 2149 Lyon St., #5  
1.4 CITY-ST-ZIP San Francisco, CA 94115

2.1 TITLE Recording Secretary  
2.2 NAME Jennifer Vaughn  
2.3 STREET ADDRESS 892 33rd Avenue  
2.4 CITY-ST-ZIP San Francisco, CA 94121

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EVALEEN JONES M.D. 1-11-97 415-673-6234

CR2E037 (9/96)