

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **L64623** (6)

95 FEB -7 PM 2: 50

1. Corporation Name

**ANDROS INTERCONTINENTAL FINANCE U.S.A. CORP.**

Principal Place of Business

Mailing Address

C/O ANDROS  
1591 GULF BOULEVARD #502 S  
CLEARWATER FL 34630  
US

C/O B. D. WILSON, M.D.  
17 LONG AVENUE, SUITE 200  
HAMBURG NY 14075  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**04/12/1990**

3a. Date of Last Report  
**04/11/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**NOT APPLICABLE**

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

**PEACOCK, RAY**  
1591 GULF BOULEVARD #502 S  
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>WILSON, BRUMMITTE D M.D.</b>
STREET ADDRESS	<b>800 WEST FERRY STREET, UNIT 8D</b>
CITY - ST - ZIP	<b>BUFFALO NY</b>
TITLE	<b>F</b>
NAME	<b>POZNAN, MARK</b>
STREET ADDRESS	<b>190D KENVILLE ROAD</b>
CITY - ST - ZIP	<b>BUFFALO NY</b>
TITLE	<b>S</b>
NAME	<b>OLSON, NORMAN</b>
STREET ADDRESS	<b>1581 GULF BLVD., P.H. 2</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>T</b>
NAME	<b>POZNAN, MARK J</b>
STREET ADDRESS	<b>190D KENVILLE ROAD</b>
CITY - ST - ZIP	<b>BUFFALO NY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 of this report or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND PRINTED OR TYPED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

1-18-95  
Date

Printed Name