

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L64623** (6)
1. Corporation Name
ANDROS INTERCONTINENTAL FINANCE U.S.A. CORP.



Principal Place of Business: **C/O ANDROS
1591 GULF BOULEVARD #502 S
CLEARWATER FL 34630
US**

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

3. Date Incorporated or Qualified: **04/12/1990** 3a. Date of Last Report: **02/07/1995**

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

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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
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 607.0100 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 I accept the obligations of Section 607.0100, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	P	<input type="checkbox"/> DELETE
11b. NAME	WILSON, BRUMMITTE D M.D.	
11c. STREET ADDRESS	800 WEST FERRY STREET, UNIT 8D	
11d. CITY-STATE-ZIP	BUFFALO NY	
11e. TITLE	F	<input type="checkbox"/> DELETE
11f. NAME	POZNAN, MARK	
11g. STREET ADDRESS	190D KENVILLE ROAD	
11h. CITY-STATE-ZIP	BUFFALO NY	
11i. TITLE	S	<input type="checkbox"/> DELETE
11j. NAME	OLSON, NORMAN	
11k. STREET ADDRESS	1581 GULF BLVD., P.H. 2	
11l. CITY-STATE-ZIP	CLEARWATER FL	
11m. TITLE	T	<input type="checkbox"/> DELETE
11n. NAME	POZNAN, MARK J	
11o. STREET ADDRESS	190D KENVILLE ROAD	
11p. CITY-STATE-ZIP	BUFFALO NY	
11q. TITLE		<input type="checkbox"/> DELETE
11r. NAME		
11s. STREET ADDRESS		
11t. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
12. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Handwritten Signature]*
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

CR2E034 (12/95)