

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

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**Jan 16 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 14075-6200
US**

3. Date Incorporated or Qualified **04/12/1990** 3a. Date of Last Report **01/24/1996**

21. Principal Place of Business	26. Mailing Address	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

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 607.0502 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRUMMITTE D M.D.	1.2 NAME	
STREET ADDRESS	800 WEST FERRY STREET, UNIT 8D	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	1.4 CITY-ST-ZIP	
TITLE	F	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZNAN, MARK	2.2 NAME	VICE PRESIDENT
STREET ADDRESS	190D KENMILLE ROAD	2.3 STREET ADDRESS	MICHAEL SANTALUCIA
CITY-ST-ZIP	BUFFALO NY	2.4 CITY-ST-ZIP	1433 COMO PARK BLVD
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, NORMAN	3.2 NAME	MICHAEL SANTALUCIA
STREET ADDRESS	1581 GULF BLVD., P.H. 2	3.3 STREET ADDRESS	1433 COMO PARK BLVD
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	DEPEW, NY 14043
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZNAN, MARK J	4.2 NAME	MICHAEL SANTALUCIA
STREET ADDRESS	190D KENMILLE ROAD	4.3 STREET ADDRESS	1433 COMO PARK BLVD
CITY-ST-ZIP	BUFFALO NY	4.4 CITY-ST-ZIP	DEPEW, NY 14043
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael Santalucia 1/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)