


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90109 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006028

1. Corporation Name
KAMINO INTERNATIONAL TRANSPORT, INC.



Principal Place of Business 10913 NW 30TH AVE MIAMI FL 33172	Mailing Address 145 AVE & HOOK CREEK BLVD VALLEY STREAM NY 11581
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10813 NW 50TH ST Suite, Apt. #, etc. 22 Suite 100 City & State 23 Miami FL Zip Country 24 33172 25 USA		2a. Mailing Address 26 145th Ave at Hook Creek Blvd Suite, Apt. #, etc. 27 City & State 28 Valley Stream NY Zip Country 29 11581 30 USA		3. Date Incorporated or Qualified 11/22/1994	4. FEI Number 22-2121823	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"/>		8.75 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SANDLER, PAMELA 8840 NW 18TH TERRACE MIAMI FL 33166				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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRETSCHMER, KLAUS	1.2 NAME	
STREET ADDRESS	145TH AVE HOOK CREEK BLVD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	VALLEY STREAM NY 11581	1.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIORDAN, DENNIS	2.2 NAME	
STREET ADDRESS	145 AVE & HOOK CREEK BLVD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	VALLEY STREAM NY 11581	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ Date: 5/19/99 Daytime Phone #: 516-825-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)