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Feb 11 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 # P38883 (5)

1. Corporation Name
EUROTRANS SYSTEMS, INC.



Principal Place of Business
377 BROADWAY
NEW YORK NY 10013

Mailing Address
377 BROADWAY
NEW YORK NY 10013-3907

3. Date Incorporated or Qualified 05/15/1992
3a. Date of Last Report 07/17/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country
25 Zip Country
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Zip Country

4. FEI Number 13-3074327
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
OSWALD, OLIVER
% KOG TRANSPORT, INC.
7392 N.W. 35TH TERRACE
MIAMI FL 33122

10. Name and Address of New Registered Agent
81 Name SIGRID BOLDT
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 [Signature] DATE 1/20/97
(NOTE: Registered Agent signature required when reinstating)

Table with 3 columns: TITLE, NAME, ADDRESS (STREET, CITY-ST-ZIP). Rows include OSMERS, JUERGEN; LOLL, MATTHIAS; COULTAUS, WILLIAM.

Table with 3 columns: TITLE, NAME, ADDRESS (STREET, CITY-ST-ZIP). Rows 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

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: [Signatures] DATE 1/20/97 DAYTIME PHONE # 212-226-1040

CR2E034 (9/96)