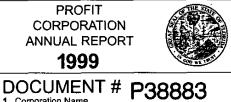
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

EUROTRANS SYSTEMS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90073 047 ***150.00

										ii i i ii
Principal Plac	e of Business		<u></u>		40 1118: IBIBI IBIBE IB	KBB 1)11 #4811 DIG	### ##################################	31311 61611 1851		
377 BROADWAY 377 BROADWAY										
NEW YORK NY 10013						DO NOT WRITE IN THIS SPACE				
						3. Date Incorpor				
}						05/15/1998				
2. Principal P	lace of Business 2a, Mailing Address					4. FEI Number	<u> </u>		A	pplied For
21	26					13-307432	7		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of S			\$8.75	Additional	
22 27					5. Certificate of C	otatus Desired		Fee R	equired	
City & State City & State					6. Election Cam	paign Financing			May Be	
23 4	<u> </u>	28				Trust Fund Co	ontribution		Added	to Fees
Zip	Country Zip			Country	•	8. This corporation owes the current year Intangible				
24	25	29		30]		Personal Prop			☐ Yes	□No
	9. Name and Address of Curr	ent Registe	red Agent	81	Nama	10. Name and A	· · · · · · · · · · · · · · · · · · ·			
POL	DT, SIGRID				THORST	EN SCHULTZ	C/O KOG	TRANSP	ORT,	INC.
	OG TRANSPORT, INC.			82	Street Addre	ess (P.O. Box Numb	er is Not Accepta	able)		
7392 N.W. 35TH TERRACE				00		<u>W 35TH TERI</u>	KACE			
				83						
MIAMI FL 33122				84	84 City 85				Code	
	to the provisions of Sections 607.0 registered agent, or both, in the Sta				MXXXMI	AMI		<u> </u>		122
agent. Fa	am familiar with, and accept the obli				nt signature required	when reinstating)		DATE		
12. OFFICERS AND DIRECTORS						ADDITIONS/C	HANGES TO OF	FICERS AN		ORS IN 12
TITLE	P		☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	OSMERS, JUERGEN			1.2 NAME						
STREET ADDRESS	377 BROADWAY			1.3 STREE	T ADDRESS	e .				
CITY-\$T-ZIP	NEW YORK NY		Mar	1.4 CITY- S	T-ZIP					
TITLE	VP		DELETE	2.1 TITLE					☐ Change	Addition
NAME	LOLL, MATTHIAS			2.2 NAME	ļ					
STREET ADDRESS	377 BROADWAY			2,3 STREE	TADDRESS					
CITY-ST-ZIP	NEW YORK NY			2, 4 CITY-	ST- ZIP					
TITLE	S		□ DELETE	3.1 TITLE					Change	Addition
NAME	COULTAUS, WILLIAM			3.2 NAME						
STREET ADDRESS	377 BROADWAY			3.3 STREE	T ADDRESS					
CITY-ST-ZIP	NEW YORK NY		<u> </u>	3.4. C/TY-1	ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE	1				☐ Change	Addition
NAME				4. 2 NAME			•			
STREET ADDRESS	10 -	~	· - • • 1½	4.3 STREE	TADDRESS					
C/TY-ST-Z/P				4.4 CITY- S	T-ZIP			<u>-</u> ··		
TITLE			☐ DELETE	5,1 TITLE					☐ Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5,3 STREE	T ADDRESS					
CITY, ST. 7IP	(5.4 CITY-S	T-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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

<u>4/16/99</u>

Addition