

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:35

DOCUMENT # **P35651** (9)
1. Corporation Name
KOG TRANSPORT, INC.

Principal Place of Business: **377 BROADWAY NEW YORK NY 10013**
Mailing Address: **377 BROADWAY NEW YORK NY 10013**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1991		3a. Date of Last Report 03/25/1994	
21		26		4. FEI Number 13-3076261		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		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

OSWALD, OLIVER
C/O KOG TRANSPORT INC
7392 NW 35 TERRACE
MIAMI FL 33122

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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, which 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, Sections 607.0505, Florida Statutes.

SIGNATURE: *Oliver Oswald* **January 25, 1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMERS, JUERGEN	2. NAME	
STREET ADDRESS	245 E 93 ST	3. STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4. CITY - ST - ZIP	
TITLE	C	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMERS, JUERGEN	22. NAME	
STREET ADDRESS	245 EAST 93RD ST.	23. STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	24. CITY - ST - ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSKOPF, HANS	32. NAME	
STREET ADDRESS	UERDINGER STRASSE 56	33. STREET ADDRESS	
CITY - ST - ZIP	GERMANY	34. CITY - ST - ZIP	
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBLER, ROLF	42. NAME	
STREET ADDRESS	ALPENSTRASSE 11	43. STREET ADDRESS	
CITY - ST - ZIP	SWITZERLAND	44. CITY - ST - ZIP	
TITLE	V	51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GO, ALEXANDER	52. NAME	<i>VICE-PRESIDENT</i>
STREET ADDRESS	2207 BAYHEAD DR.	53. STREET ADDRESS	<i>MATTHIAS LOLL</i>
CITY - ST - ZIP	PARLIN NJ	54. CITY - ST - ZIP	<i>377 BROADWAY</i>
TITLE	S	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULTAUS, WILLIAM	62. NAME	
STREET ADDRESS	70-19 85 PLACE	63. STREET ADDRESS	
CITY - ST - ZIP	GLENDALÉ NY	64. CITY - ST - ZIP	

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)(g), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *William Coultaus* **3/24/95** **212-226-1040**