

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

FILED  
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 # 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 10013-3907

3. Date Incorporated or Qualified: 09/23/1991  
3a. Date of Last Report: 02/06/1996  
4. FEI Number: 13-3076261  
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

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

9. Name and Address of Current Registered Agent  
OSWALD, OLIVER  
C/O KOG TRANSPORT INC  
7392 NW 35 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)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPT OSMERS, JUERGEN	<input type="checkbox"/>
NAME	OSMERS, JUERGEN	
STREET ADDRESS	245 E 93 ST	
CITY - ST - ZIP	NEW YORK NY	
TITLE	C OSMERS, JUERGEN	<input type="checkbox"/>
NAME	OSMERS, JUERGEN	
STREET ADDRESS	245 EAST 93RD ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D GROSSKOPF, HANS	<input type="checkbox"/>
NAME	UERDINGER STRASSE 58	
STREET ADDRESS	GERMANY	
CITY - ST - ZIP		
TITLE	D GUBLER, ROLF	<input type="checkbox"/>
NAME	ALPENSTRASSE 11	
STREET ADDRESS	SWITZERLAND	
CITY - ST - ZIP		
TITLE	VP MATTHIAS, LOU	<input type="checkbox"/>
NAME	377 BROADWAY	
STREET ADDRESS	NEW YORK NY	
CITY - ST - ZIP		
TITLE	S COULTAUS, WILLIAM	<input type="checkbox"/>
NAME	70-19 65 PLACE	
STREET ADDRESS	GLENDALE NY	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	LOLL, MATTHIAS		
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: [Signature] DATE: 1/20/97 DAYTIME PHONE: 212-226-1010

CR2E034 (9/96)