

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

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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 # F96000000599 (8)

1. Corporation Name  
KOG AIR TRANSPORT, INC.



Principal Place of Business  
377 BROADWAY  
NEW YORK NY 10013

Mailing Address  
377 BROADWAY  
NEW YORK NY 10013-3807

3. Date Incorporated or Qualified 02/06/1996	3a. Date of Last Report
4. FEI Number 13-3854556	Applied For 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"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
KOG TRANSPORT, INC.  
7392 NW 35TH TERR.  
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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/20/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CVT	<input type="checkbox"/> DELETE
NAME	OSMERS, JUERGEN	
STREET ADDRESS	245 E 93RD ST	
CITY - ST - ZIP	NEW YORK NY 10128	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHERBNER, LINDA	
STREET ADDRESS	51-32 IRELAND ST.	
CITY - ST - ZIP	ELMHURST NY 11373	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSKOPF, HANS	
STREET ADDRESS	LEIPZIGERSTR. 21	
CITY - ST - ZIP	5628 HEILIGENHAUS, GERMANY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COULTAUS, BILL	
STREET ADDRESS	70-19 65TH PLACE	
CITY - ST - ZIP	GLENDALE NY 11385	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William Coultaus* DATE: 1/20/97 DAYTIME PHONE #: 212-226-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)