

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P27692 (3)**

1. Corporation Name  
**KVG NORTH AMERICA INCORPORATED**



Principal Place of Business      Mailing Address  
**2240 WOOLBRIGHT RD #320  
320A  
BOYNTON BCH FL 33426  
US**      **2240 WOOLBRIGHT RD #320  
#320A  
BOYNTON BCH FL 33426  
US**

3. Date Incorporated or Qualified: **01/12/1990**      3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **65-0244772**      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

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REINECK, STEFAN DR	
STREET ADDRESS	WAIRSTADTER STR. 2-4	
CITY-ST-ZIP	NECKARBISCHOFSHM, GMY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MUELLER, WERNER	
STREET ADDRESS	WAIRSTADTER STR. 2-4	
CITY-ST-ZIP	NECKARBISCHOFSHM, GMY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DUERBECK, HEIDI B.	
STREET ADDRESS	90 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VICE PRESIDENT WERNER MUELLER</b>
2.3 STREET ADDRESS	<b>2240 WOOLBRIGHT RD. SUITE 320 A BOYNTON BEACH, FL. 33426</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY WERNER MUELLER</b>
3.3 STREET ADDRESS	<b>2240 WOOLBRIGHT RD. SUITE 320 A BOYNTON BEACH, FL. 33426</b>
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 was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Werner Mueller*      **WERNER MUELLER V.P.**      Date: **01/19/96**      Daytime Phone #: **407-734-9007**

CR2E034 (12/95)