

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REINECK, STEFAN DR
STREET ADDRESS WAIRSTADTER STR. 2-4
CITY-ST-ZIP NECKARBISCHOFSHM, GMY ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MUELLER, WERNER
STREET ADDRESS WAIRSTADTER STR. 2-4
CITY-ST-ZIP NECKARBISCHOFSHM, GMY ☒ DELETE

2.1 TITLE VICE PRESIDENT
2.2 NAME WERNER MUELLER
2.3 STREET ADDRESS 2240 WOOLBRIGHT RD. SUITE 320 A
2.4 CITY-ST-ZIP BOYNTON BEACH, FL. 33426 ☒ Change ☐ Addition

TITLE S
NAME DUERBECK, HEIDI B.
STREET ADDRESS 90 PARK AVENUE
CITY-ST-ZIP NEW YORK NY ☒ DELETE

3.1 TITLE SECRETARY
3.2 NAME WERNER MUELLER
3.3 STREET ADDRESS 2240 WOOLBRIGHT RD. SUITE 320 A
3.4 CITY-ST-ZIP BOYNTON BEACH, FL. 33426 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WERNER MUELLER V.P. 01/19/96 407-734-9007

CR2E034 (12/95)