

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **09/23/1991**
3a. Date of Last Report: **03/28/1995**
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

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 approve the change of agent, Section 607.0505, Florida Statutes.

SIGNATURE: *Oliver Oswald* **Oliver Oswald Vice-President** January 26, 1996

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	OSMERS, JUERGEN	
STREET ADDRESS	245 E 93 ST	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	C	<input type="checkbox"/> DELETE
NAME	OSMERS, JUERGEN	
STREET ADDRESS	245 EAST 93RD ST.	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSKOPF, HANS	
STREET ADDRESS	UERDINGER STRASSE 56	
CITY-STATE-ZIP	GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUBLER, ROLF	
STREET ADDRESS	ALPENSTRASSE 11	
CITY-STATE-ZIP	SWITZERLAND	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MATTHIAS, LOU	
STREET ADDRESS	377 BROADWAY	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COULTAUS, WILLIAM	
STREET ADDRESS	70-19 65 PLACE	
CITY-STATE-ZIP	GLENDALE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	OSWALD, OLIVER	
13 STREET ADDRESS	7392 N.W. 35TH TERRACE	
14 CITY-STATE-ZIP	MIAMI, FLA. 33122	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 supplement to 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* **William Coultaus** 1/29/96 212-226-1040

CR2E034 (12/95)