

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: LOLL, MATTHIAS	
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: [Signature] DATE: 1/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WILLIAM COULTAUS
Daytime Phone #: 212-226-1010

CR2E034 (9/96)