

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90024 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P35651

1. Corporation Name
KOG TRANSPORT, INC.

Principal Place of Business 377 BROADWAY NEW YORK NY 10013	Mailing Address 377 BROADWAY NEW YORK NY 10013
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3076261	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOLDT, SIGRID C/O KOG TRANSPORT INC 7392 NW 35 TERRACE MIAMI FL 33122				10. Name and Address of New Registered Agent	
81	Name THORSTEN SCHULTZ C/O KOG TRANSPORT, INC.				
82	Street Address (P.O. Box Number is Not Acceptable) 7392 NW 35TH TERRACE				
83					
84	City MIAMI	85	Zip Code FL 33122		

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMERS, JUERGEN		1.2 NAME		
STREET ADDRESS	245 E 93 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMERS, JUERGEN		2.2 NAME		
STREET ADDRESS	245 EAST 93RD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSKOPF, HANS		3.2 NAME		
STREET ADDRESS	UERDINGER STRASSE 56		3.3 STREET ADDRESS		
CITY-ST-ZIP	GERMANY		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBLER, ROLF		4.2 NAME		
STREET ADDRESS	ALPENSTRASSE 11		4.3 STREET ADDRESS		
CITY-ST-ZIP	SWITZERLAND		4.4 CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHIAS, LOLL		5.2 NAME		
STREET ADDRESS	377 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULTAUS, WILLIAM		6.2 NAME		
STREET ADDRESS	70-19 65 PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GLENDAL NY		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: WILLIAM COULTAUS *[Signature]* 4/16/99 212-226-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)