


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00716 1. Entity Name BNP PARIBAS S.A.	
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Principal Place of Business 201 S BISCAYNE BLVD, STE 1800 MIAMI, FL 33131	Mailing Address P.O. BOX 111040 MIAMI, FL 33111
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-1677765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIL, SENO
201 SOUTH BISCAYNE BLVD.
SUITE 1800
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

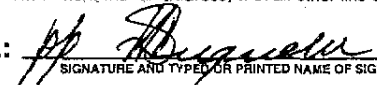
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000152939
05/04/04-80106-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PEBEREAU, MICHEL 16, BLVD DES ITALIENS PARIS, FR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BAUDOUIN, PROT 16, BLVD DES ITALIENS PARIS, FR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HOENN, DOMINIQUE 16 BLVD. DE ITALIENS PARIS, FR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMD CHODRON DE COURCEL, GEORGES 16, BLVD DES ITALIENS PARIS, FR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVY-GARBOUA, VIVIEN 16, BLVD DES ITALIENS PARIS, FR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM BRIL, SENO 201 SOUTH BISCAYNE BLVD., STE 1280 MIAMI, FL 33131

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  04-30-04 305 539-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #