FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:22

DOCUMENT # **P09021** **(7)**

1. Corporation Name
NODIPAL, S.A.

Principal Place of Business	Mailing Address
251 ROYAL PALM WAY C/O MENDOZA, CALLAS & SCHILLING POB 2715 PALM BCH. FL 33480-4310	251 ROYAL PALM WAY C/O MENDOZA, CALLAS & SCHILLING POB 2715 PALM BCH. FL 33480-4310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1986
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business
21 KIRCHSTRASSE 1
Suite, Apt. #, etc.
22 P.O.B 129
City & State
23 FL-9490 VADUZ
Zip 24
Country 25 LIECHTENSTEIN

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

4. FEI Number: 98-0039030 ☐ 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

MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	KIEBER, DR DANIEL	12 NAME		
STREET ADDRESS	HEILIGKREUZ 6	13 STREET ADDRESS		
CITY-ST-ZIP	VADUZ, LIECHTENSTEIN	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	BUERZLE, ERICH	22 NAME		
STREET ADDRESS	KIRCHSTRASSE 1	23 STREET ADDRESS		
CITY-ST-ZIP	VADUZ, LIECHTENSTEIN	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	HADERMANN, JOCHEN	32 NAME		
STREET ADDRESS	KIRCHSTRASSE 1	33 STREET ADDRESS		
CITY-ST-ZIP	VADUZ, LIECHTENSTEIN	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: (x) _____ (x) 2/22/95 (407) 659-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Erich Buerzle, Secretary

0276743 CP