FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 24 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P09021 (7) NODIPAL, S.A. Principal Place of Business Mailing Address KIRCHSTRASSE 1 251 ROYAL PALM WAY C/O MENDOZA. CALLAS & SCHILLING POB 2715 PO BOX 129 DO NOT WRITE IN THIS SPACE FL-9490 VA 33480-4310 PALM BCH. FL 33480-4310 3. Date Incorporated or Qualified 02/07/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 98-0039030 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, SIXTH FLOOR Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.050? 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 Signatore, typed or prested name of expistered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change ☐ Addition NAME KIEBER, DR DANIEL 1.2 NAME **HEILIGKREUZ 6** STREET ADDRESS 1.3 STREET ADDRESS VADUZ, LIECHTENSTEIN CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE **BUERZLE, ERICH** 2.2 NAME NAME KIRCHSTRASSE 1 STREET ADDRESS 2.3 STREET ADDRESS VADUZ, LIECHTENSTEIN CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITE F 3 1 TITLE NAME HADERMANN, JOCHEN 32 NAME STREET ADDRESS KIRCHSTRASSE 1 3 3 STREET ADDRESS VADUZ, LIECHTENSTEIN CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TIFLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with the 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 fining 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 received 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.

Erich Buerzle

SIGNATURE: 入

561/659-1111

X Vadar 7 March 1958