

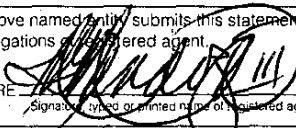
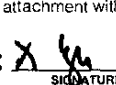


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90007 048 ***150.00

DOCUMENT # P09021 1. Entity Name NODIPAL, S.A.					
Principal Place of Business KIRCHSTRASSE 1 PO BOX 129 FL-9490, VA 33480-4310 US			Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24pt; font-weight: bold;">54017303</div> 	
01282004 Chg-P CR2E034 (10/03)				4. FEI Number 98-0039030	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent					
MENDOZA, MARIO G DE 12765 FOREST HILL BLVD WEST PALM BEACH, FL 33414					
7. Name and Address of New Registered Agent					
Name Mario G. de Mendoza, III, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Boulevard, Suite 1302					
City Wellington, FL Zip Code 33414					
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 the registered agent.					
SIGNATURE  Mario G. de Mendoza, III, President DATE 1/30/04					
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANNES, BURGER DR HEILIGKREUZ 6 VADUZ LI LECHTENSTEIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUERZLE, ERICH KIRCHSTRASSE 1 VADUZ, LIECHTENSTEIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERBERT, OBERHUBER-DR- HEILIGKREUZ 6 VADUZ, LIECHTENSTEIN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: 			Erich Buerzle, Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 03. MAR. 2004 Daytime Phone #		