

FILED

Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P27990 (1)**  
**1. Corporation Name**  
**NORDEUROPAISCHE FINANZ-UND KREDITANSTALT INCORPORATED**

Principal Place of Business	Mailing Address
P.O. BOX 683 8490 VADUZ, LIECHTENSTEIN	P.O. BOX 683 8490 VADUZ, LIECHTENSTEIN

DO NOT WRITE IN THIS SPACE

		3. Date Incorporated or Qualified <b>02/05/1990</b>	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
		4. FEI Number <b>98-0041358</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>RAMOS, FRANK J.</b> <b>1404 N. HIGHWAY A1A</b> <b>SATELITE BEACH FL 32937</b>		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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NUENER, WALTER	1.2 NAME	
STREET ADDRESS	IM GAFOS 4	1.3 STREET ADDRESS	
CITY - ST - ZIP	9494 SCHAAN/LIECHTENSTEIN	1.4 CITY - ST - ZIP	
TITLE	MD	2.1 TITLE	
NAME	MEIER, PETER	2.2 NAME	
STREET ADDRESS	RENWILER 503	2.3 STREET ADDRESS	
CITY - ST - ZIP	9492 ESCHEN/LIECHTENSTEIN	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	SCHMID, PETER	3.2 NAME	
STREET ADDRESS	GRUEBLSTRASSE 1	3.3 STREET ADDRESS	
CITY - ST - ZIP	9422 STAAD SW	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 of Nordeuropen GmbH authorized 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, as an attachment with an address.

**SIGNATURE:**

January 27, 1998 +75 235 27 50

CR2F034 (10/97)