

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001961

FILED
Apr 27, 2004
Secretary of State

Entity Name: NANBEI US INC.

Current Principal Place of Business:

801 BRICKELL AVENU, STE. 1550
MIAMI, FL 33131

New Principal Place of Business:

801 BRICKELL AVENUE, STE. 1550
MIAMI, FL 33131

Current Mailing Address:

APOQUINDO 4499, PISO 10
LAS CONDES
SANTIAGO, CHILE,

New Mailing Address:

APOQUINDO 4499, PISO 10
LAS CONDES
SANTIAGO, CHILE, CH

FEI Number: 13-5034940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SELMAN, ELIAS
Address: AV. APOQUINDO #4499, PISO 10, LAS CONDES
City-St-Zip: SANTIAGO, CHILE,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SELMAN, ELIAS
Address: AV. APOQUINDO #4499, PISO 10, LAS CONDES
City-St-Zip: SANTIAGO, CHILE, CH

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SELMAN, ELIAS

P/D

04/27/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date