

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000301 (8)
 1. Corporation Name
BANCO DE CHILE INCORPORATED



Principal Place of Business AHUMADA 251 SANTIAGO CHILE	Mailing Address AHUMADA 251 SANTIAGO CHILE
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1997	
21	26	4. FEI Number 13-2999556		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANDULFO, ADOLFO R		1.2 NAME		
STREET ADDRESS	LA PEROUSE 5281		1.3 STREET ADDRESS		
CITY-ST-ZIP	VITACURA SANTIAGO CHILE		1.4 CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNOZ, MARIO V		2.2 NAME		
STREET ADDRESS	CAMINO LAS FLORES 10.221		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAS CONDES SANTIAGO CHILE		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLARI, JUAN C		3.2 NAME		
STREET ADDRESS	AV EL BOSQUE 333 DEPTO 81		3.3 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCIA SANTIAGO CHILE		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARME, ALFREDO M		4.2 NAME		
STREET ADDRESS	AV LAS CONDES 11.788		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAS CONDES SANTIAGO CHILE		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTILLO, GUILLERMO T		5.2 NAME		
STREET ADDRESS	CONCEPCION 7618		5.3 STREET ADDRESS		
CITY-ST-ZIP	LA FLORIDA SANTIAGO CHILE		5.4 CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELANO ABBOTT, CARLOS A		6.2 NAME		
STREET ADDRESS	PIEDRA ROJA 1460		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOS DOMINICOS SANTIAGO CHILE		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 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: MATIAS HERRERA 8/10/98 (305) 379 6491

CR2E034 (10/97)