

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90087 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000301**

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 21	2a. Mailing Address 26 200 S. BISCAYNE BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2700
City & State 23	City & State 28 MIAMI, FLORIDA
Zip 24	Country 25
Country 29 33131	Country 30 MIAMI-DADE

3. Date Incorporated or Qualified 01/21/1997	
4. FEI Number 13-2999556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	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 11.768		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** General Manager 3/15/99 Date \_\_\_\_\_ (305) 379-6460 Daytime Phone # \_\_\_\_\_