2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2010
Secretary of State

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Entity Name: ANDES FIBER & PAPER CO.

Current Principal Place of Business:

4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 71-1052836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BOULEVARD
SUITE 1225
CORAL GABLES, FL 33134 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: D
Name: MATTE LECAROS, ARTURO
Address: AVE. APOQUINDO 3500-PISO 8
City-St-Zip: LAS CONDES, SANTIAGO, CHILE, XX XXXXXXXXX SA

Title: D
Name: AMUNATEGUI COUSINO, DOMINGO
Address: AVE. APOQUINDO 3500-PISO 8
City-St-Zip: LAS CONDES, SANTIAGO, CHILE, XX XXXXXXXXX SA

Title: D
Name: MAYER WITTWER, OSVALDO M
Address: AVE. APOQUINDO 3500-PISO 8
City-St-Zip: LAS CONDES, SANTIAGO, CHILE, XX XXXXXXXXX SA

Title: D
Name: RUMIIE SOZA, ROBERTO
Address: AVE. APOQUINDO 3500-PISO 8
City-St-Zip: LAS CONDES, SANTIAGO, CHILE, XX XXXXXXXXX SA

Title: D
Name: MARTINO GONZALEZ, GONZALO
Address: AVE. APOQUINDO 3500-PISO 8
City-St-Zip: LAS CONDES, SANTIAGO, CHILE, XX XXXXXXXXX SA

Title: PCEO
Name: MATTE, MATIAS
Address: AVE. APOQUINDO 3500-PISO 8
City-St-Zip: LAS CONDES, SANTIAGO, CHILE, XX XXXXXXXXX SA

I hereby 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 all other like empowered.

SIGNATURE: ARTURO MATTE LECAROS D 03/16/2010

Electronic Signature of Signing Officer or Director Date