

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
 ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 MAR 29 PM 2:15

**DOCUMENT # S57979 (4)**  
 1. Corporation Name  
**CHARTMED INTERNATIONAL CO., INC.**

Principal Place of Business      Mailing Address  
**7215 SW 132ND CT.**      **7270 N.W. 12 ST., STE 700**  
**MIAMI FL 33183**      **MIAMI FL 33126-1929**  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/04/1991**      **08/11/1994**

4. FEI Number      Applied For  
**65-0266496**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
 21      25 **Change only to Suite 340**

22 Suite, Apt. #, etc      27 Suite, Apt. #, etc

23 City & State      28 City & State

24 Zip      Country      29 Zip      Country      30

9. Name and Address of Current Registered Agent  
**DEL VALLE, MANUEL R.**  
**7270 N.W. 12 ST.**  
**SUITE 700**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **Change only to Suite 340**  
 84 City      85 **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name) of registered agent and title if applicable      (If the Registered Agent Separate required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>DPST</b>
NAME	<b>SALCEDO, RODRIGO</b>
STREET ADDRESS	<b>LOS COPIHUES 2884 #301</b>
CITY, ST, ZIP	<b>SANTIAGO, CHILE</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (3)(C)(ii), Florida Statutes. I further certify that the information indicated on this annual report is complete and correct 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with it.

**SIGNATURE:** \_\_\_\_\_ **Rodrigo Salcedo**      3-14-95      (305) 477-2234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone Number