

**FOR PROFIT CORPORATION  
2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 14, 2002 8:00 am  
Secretary of State**

05-14-2002 90070 019 \*\*\*150.00

**DOCUMENT # S57979**  
1. Entity Name  
Chartmed International Co., Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 7270 N.W. 12th St. Suite, Apt. #, etc. Suite 761 City & State Miami, FL Zip 33126-1929		Country		3. Mailing Address 7270 N.W. 12th St. Suite, Apt. #, etc. Suite 761 City & State Miami, FL Zip 33126-1929		Country	
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4. FEI Number  
65-0266496

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
del Valle, Manuel R.  
Street Address (P.O. Box Number is Not Acceptable)  
7270 N.W. 12th St.  
Suite 761  
City  
Miami FL Zip Code  
33126-1929

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

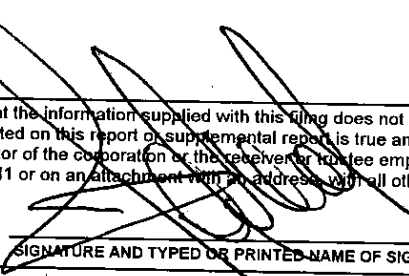
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Salcedo, Rodrigo El Vergel 2850, Dpto. 206 Santiago, Chile	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 report or supplemental 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:  Rodrigo Salcedo 4-25-02 305-477-2234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2001)