

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

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **803218** (7)
1. Corporation Name:
CHILEAN NITRATE CORPORATION



Principal Place of Business 150 BOUSH STREET, SUITE 701 NORFOLK VA 23510	Mailing Address 150 BOUSH STREET, SUITE 701 NORFOLK VA 23510-1626
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1927	3a. Date of Last Report 02/15/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 13-4995710	Applied For Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____ (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCK, GLORIANN J	1.2 NAME	
STREET ADDRESS	150 BOUSH ST., SUITE 701	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, RICHARD L	2.2 NAME	
STREET ADDRESS	150 BOUSH ST., SUITE 701	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARIAS, GUILLERMO	3.2 NAME	
STREET ADDRESS	150 BOUSH ST., SUITE 701	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	3.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGNACIO RUIZ	4.2 NAME	
STREET ADDRESS	150 BOUSH ST., SUITE 701	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	4.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN T KEENAN	5.2 NAME	
STREET ADDRESS	150 BOUSH ST., SUITE 701	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **IGNACIO RUIZ, SECRETARY**  **MARCH 17, 1997 757-640-7286**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)