2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachr

SIGNATURE:

FILED Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # F0000001961 1. Entity Name NANBEI US INC. Principal Place of Business Mailing Address 801 BRICKELL AVENUE, STE. 1550 APOQUINDO 4499, PISO 10, LAS CONDES MIAMI, FL 33131 SANTIAGO CHILE, XX 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-5034940 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. DO NOT WRITE ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE HDHIO0345164 SELMAN, ELIAS NAME 04/30/05-8002\$-009 150.00 AV. APOQUINDO #4499, PISO 10, LAS CONDES STREET ADDRESS CITY-ST-ZIP SANTIAGO, CHILE, CH TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 eath; 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 10 or Block 11 if

Daytime Phone #

s, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR