

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F94000002966 (9)**

1. Corporation Name

**BANCO DE CHILE INCORPORATED**

Principal Place of Business

**AHUMADA 251  
SANTIAGO, CHILE**

Mailing Address

**AHUMADA 251  
SANTIAGO, CHILE**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/07/1994</b>		3a. Date of Last Report <b>01/31/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-2999556</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		30	Country				

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD  
1500 MIAMI CENTER  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

Signature, typed or printed 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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, SEGISMUNDO S	1.2 NAME	
STREET ADDRESS	LO BELTRAN 8976, VITACURA	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO, CHILE	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTEROLA, JORGE B	2.2 NAME	
STREET ADDRESS	CANTERBURY 1469, LAS CONDES	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO, CHILE	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URETA, ARTURO C	3.2 NAME	
STREET ADDRESS	CAMINO TURISTICO 11712, LO BARNECHRA	3.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO, CHILE	3.4 CITY - ST - ZIP	
TITLE	GM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, MATIAS	4.2 NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., 2700	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENZALIDA, RENE L	5.2 NAME	
STREET ADDRESS	PRESIDENTE ERRAZURIZ 4125, LAS CONDES	5.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO, CHILE	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONVENDAGER, MIGUEL L	6.2 NAME	
STREET ADDRESS	SOTTO II, MONTE 1850, VITACURA	6.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO, CHILE	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Matias Herrera**  
**General Manager**

**2/15/96**

**(305) 379-6460**

Date Time Phone #

CR2E034 (12/95)