

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90087 048 ***150.00

DOCUMENT # F97000000301

1. Corporation Name
BANCO DE CHILE INCORPORATED

Principal Place of Business
**AHUMADA 251
SANTIAGO CHILE**

Mailing Address
**AHUMADA 251
SANTIAGO CHILE**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **200 S. BISCAYNE BLVD.**

Suite, Apt. #, etc.

27 **2700**

City & State

28 **MIAMI, FLORIDA**

Zip

29 **33131**

Country

30 **MIAMI-DADE**

4. FEI Number

13-2999556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

TITLE **DC** ☐ DELETE
NAME **GANDULFO, ADOLFO R**
STREET ADDRESS **LA PEROUSE 5281**
CITY-ST-ZIP **VITACURA SANTIAGO CHILE**

TITLE **DC** ☐ DELETE
NAME **MUNOZ, MARIO V**
STREET ADDRESS **CAMINO LAS FLORES 10.221**
CITY-ST-ZIP **LAS CONDES SANTIAGO CHILE**

TITLE **D** ☐ DELETE
NAME **SOLARI, JUAN C**
STREET ADDRESS **AV EL BOSQUE 333 DEPTO 81**
CITY-ST-ZIP **PROVIDENCIA SANTIAGO CHILE**

TITLE **D** ☐ DELETE
NAME **CHARME, ALFREDO M**
STREET ADDRESS **AV LAS CONDES 11.768**
CITY-ST-ZIP **LAS CONDES SANTIAGO CHILE**

TITLE **D** ☐ DELETE
NAME **CASTILLO, GUILLERMO T**
STREET ADDRESS **CONCEPCION 7618**
CITY-ST-ZIP **LA FLORIDA SANTIAGO CHILE**

TITLE **DC** ☐ DELETE
NAME **DELANO ABBOTT, CARLOS A**
STREET ADDRESS **PIEDRA ROJA 1460**
CITY-ST-ZIP **LOS DOMINICOS SANTIAGO CHILE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

General Manager 3/15/99

(305) 379-6460

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