


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90021 026 ***150.00

DOCUMENT # F03000006391 1. Entity Name S.P.L.-USA, CORP.	
---	---

Principal Place of Business 655 NORTHERN BOULEVARD CLARK SUMMIT, PA 18411	Mailing Address PO BOX 540 CLARKS SUMMIT, PA 18411-0540
---	---

03060625

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2928279	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YURASZEK, JOSE 655 NORTHERN BLVD. CLARKS SUMMIT, PA 18411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASCUR, ENRIQUE 655 NORTHERN BOULEVARD CLARK SUMMIT, PA 18411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANUS, ALEJANDRO 655 NORTHERN BOULEVARD CLARK SUMMIT, PA 18411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUESNEY, VALERIO 655 NORTHERN BOULEVARD CLARK SUMMIT, PA 18411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, RAIMUNDO 655 NORTHERN BOULEVARD CLARK SUMMIT, PA 18411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  RAIMUNDO SANCHEZ, CFO 31/2004 570-587-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #