2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006391

1. Entity Name
S.P.L.-USA, CORP.

Principal Place of Business	Mailing Address
655 NORTHERN BOULEVARD CLARK SUMMIT, PA 18411	655 NORTHERN BOULEVARD CLARKS SUMMIT, PA 18411-0543

DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
23-2928279

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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01/31/06-80008-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/16/06 (570)587-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #