

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000252 (4)

1. Corporation Name
IMPSAT USA, INC.



Principal Place of Business
ONE FINANCIAL PLAZA, SUITE 2500
FT. LAUDERDALE FL 33394

Mailing Address
ONE FINANCIAL PLAZA, SUITE 2500
FT. LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0600569 APPLIED FOR		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DIRECTOR
NAME	RIVELIS, ALEXANDER	1.2 NAME	Rivels, Alexander
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2500	1.3 STREET ADDRESS	SAME.
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	PRESIDENT
NAME	HORNER, RICHARD	2.2 NAME	HORNER, Richard
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2500	2.3 STREET ADDRESS	SAME.
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	BEIT, BRIAN SECRETARY
NAME	BURNETT, DENNIS	3.2 NAME	701 BRICKELL AVE # 1850
STREET ADDRESS	1200 NINETEENTH ST., NW, SUITE 560	3.3 STREET ADDRESS	MID MI, FL 33131
CITY-ST-ZIP	WASHINGTON DC 20036	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	C.O.B.
NAME	TORRES, JOSE	4.2 NAME	VENDAGUER, RICARDO
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2500	4.3 STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2500
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)