## 2004 FOR PROFIT CORPORATION

## Apr 23, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-23-2004 90196 016 \*\*\*158.75 DOCUMENT # F0000001520 EMBRATEL AMERICAS, INC. Principal Place of Business Mailing Address 1921 NW 87 AVE. % HUGHES HUBBARD & REED LLP **BUILDING 34** 201 S. BISCAYNE BLVD., STE. 2500 MIAMI, FL 33172 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 CB2E034 (10/03) Cha-P City & State City & State Applied For 4. FEI Number 65-0988886 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE 1\$ \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change **X** Addition RODRIGUEZ, JORGE L NAME NAME Sandra Abreu STREET ADDRESS 1921 NW 87 AVE., BLDG. 34 STREET ADDRESS 1921 NW 87 Avenue, Building 34 CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Miami, Florida 33172 TITLE Delete Change ▼ Addition Purificacion Carpinteyro Calderon PASSAUER, JOHN D NAME NAME 1921 NW 87% Avenue, Building 34 STREET ADDRESS 1921 NW 87 AVE., BLDG, 34 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Miami, Florida 33172 TITLE Delete ☐ Change ☐ Addition BATISTA MARTINS, PEDRO ANTONIO NAME NAME STREET ADDRESS 1921 NW 87 AVE., BLDG. 34 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing sloes not qualify for the exemption stated in Section 119.07(3)(i), 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an addless with all other like empowered.

SIGNATURE:

Jorge L. Rodriguez TYRED OR PRINTED NAME OF SIGNING OFFICER OF SIGNATURE AN

FILED