

**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 548
CLARKS SUMMIT, PA 18411-0548

03060625



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2928279	Applied For Not Applicable
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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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAIMUNDO SANCHEZ, CFO 31/12004 576-587-5000