FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am F96000000252 DOCUMENT # **Secretary of State** 1. Entity Name IMPSAT USA, INC. 03-05-2002 90066 006 ***150.00 Principal Place of Business Mailing Address 2040 N DIXIE HWY 2040 N DIXIE HWY WILTON MANORS FL 33394 WILTON MANORS FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0600569 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zin Code 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 Fiorida SIGNATURE _ 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete DIRECTOR Addition TITLE Change TITLE HECTOR ALONSO RIVELIS. ALEXANDER NAME STREET ADDRESS 2040 N DIXIE HWY STREET ADDRESS WILTON MANORS FL 33305 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT Addition Delete TITLE TITLE ☐ Change MAURICIO CEBALLOS NAME KLAU. MAURICIO STREET ADDRESS STREET ADDRESS 2040 N DIXIE HWY WILTON MANORS FL 33305 CITY-ST-ZIP CITY_ST-ZIP Delete TITLE TITLE Change LIBOW, ALLAN STREET ADDRESS 1200 N. FEDERAL HWY STE.,#301 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33932** CITY-ST-ZIP ☐ Delete Addition TITLE TORRES, JOSE NAME STREET ADDRESS 2040 N DIXIE HWY STREET ADDRESS CITY-ST-ZIP WILTON MANORS FL 33305 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE VERDAGUER, RICARDO NAME NAME STREET ADDRESS 2040 N DIXIE HWY STREET ADDRESS CITY-ST-ZIP **WILTON MANORS FL 33305** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE VIVO. ROBERTO NAME NAME 2040 N DIXIE HWY STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33305 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 11 or Block 12 if

SIGNATURE:

INTEL NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #