


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90028 015 ***150.00

DOCUMENT # F96000000252

1. Entity Name
IMPSAT USA, INC.



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.

City & State City & State
 Zip Country Zip Country



02032004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0600569 Not Applicable

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

6. Name and Address of Current Registered Agent
RAVELO, JOHANNA
2040 NORTH DIXIE HWY
WILTON MANORS, FL 33305

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	D	<input type="checkbox"/> Delete
NAME	ALONSO, HECTOR	
STREET ADDRESS	2040 N DIXIE HWY	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	P	<input type="checkbox"/> Delete
NAME	CEBALLOS, MAURICIO	
STREET ADDRESS	2040 NORTH DIXIE HWY	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAVELO, JOHANNA	
STREET ADDRESS	2040 NORTH DIXIE HWY.	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	T	<input type="checkbox"/> Delete
NAME	TORRES, JOSE	
STREET ADDRESS	2040 N DIXIE HWY	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERDAGUER, RICARDO	
STREET ADDRESS	2040 N DIXIE HWY	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVELO, JOHANNA	
STREET ADDRESS	2040 NORTH DIXIE HWY.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 #