FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Dwyer Robert J			2. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol MASTEC INC [MTZ]						
(Street) PALM BEACH (City)	(First) DCEAN BOUL FL (State)	(Middle)	10/19/2004	4		tionship of Reporting Pers all applicable) Director Officer (give title below)	son(s) to Issu 10% Owne Other (spe below)	er	(Mon	th/Day/Year) dividual or Join cable Line) Form filed b Person	t/Group Filing (Check y One Reporting y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secu Underlying Derivative Secu 4)			or	onversion r	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title	1	Amount or Number of Shares	Exercis Price of Derivati Security	f ive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

By: /s/ Michael Nearing For: Robert J Dwyer

** Signature of Reporting Person Date

10/29/2004

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).