

* Also pd #500.00

bucket 020705

Interexchange Company Regulatory Assessment Fee Return fine.

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
JICA*

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TJ375-02-0-R
MultiPhone Latin America, Inc.
2201 N.W. 102nd Place, Unit 3
Miami, FL 33172-2521
DEPOSIT
D2710 **NOV 13 2002**

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- SEC
- OTH

FOR PSC USE ONLY	
Check#	000985
\$	16.35
	0603001
	003001
\$	
	P
	0603001
	004011
\$	
	I
Postmark Date	11/6/02
Initials of Preparer	MC

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

ORIGINAL

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 1,905,660.27	\$ 0.00
2.	Access Services	0.00	0.00
3.	Private Line Services	0.00	0.00
4.	Leased Facilities & Circuits Services	10,000.00	10,000.00
5.	Miscellaneous Services	0.00	0.00
6.	TOTAL Telephone Services	\$ 1,915,660.27	\$ 10,000.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0.00)	(0.00)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		10,000.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		15.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	500.00	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.35	
12.	TOTAL AMOUNT DUE		\$ 516.35

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebiller Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected?
Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)?
Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____

Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

[Signature]

(Signature of Company Official) **C.E.O.** (Title) 11/05/02 (Date)

Julio E. Garcia

(Preparer of Form - Please Print Name)

Telephone Number 305 357-9402 Fax Number (305) 436-8990
 F.E.I. No. 65-0972301

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