

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970267-TC

DEPOSIT TREAS. REC: DATE

1. LEGAL NAME OF THE APPLICANT

D472 MAR 03 '97

LEE LOPEZ

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

SPANISH VILLAS, Inc

3. ADDRESS OF THE APPLICANT(S)

STREET 1648 South palmetto Ave. Apt 105

CITY South Daytona

STATE & ZIP FL 32119

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:   
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME SPANISH VILLAS, Inc

ADDRESS 1648 S. palmetto Ave. Apt 105  
South Daytona FL 32119

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

RECEIVED  
FLORIDA  
SECRETARY OF STATE  
97 MAR 33 AM 9 22  
MAIL ROOM

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: STADLER LOPEZ  
TITLE: Vice-president  
PHONE: 904-767-9522

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NONE

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

\_\_\_\_\_

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NONE  
\_\_\_\_\_

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NONE

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NONE

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ X ]
LONG DISTANCE	[ X ]
COIN	[ X ]
CALLING CARD	[ ]
CREDIT CARD	[ ]
OTHER, DESCRIBE	[ ]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 1

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	[ ]
FULL-TIME TECHNICIAN	[ ]
PART-TIME TECHNICIAN	[ ]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[ X ]
OTHER, DESCRIBE	[ ]

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

*no.*

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

*yes.*

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

*Lee Lopez*  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

March 10th, 1997



APPLICANT ACKNOWLEDGEMENT CARD

Applicant LEE LOPEZ

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Lee Lopez

Title Vice - president

Date March -10- 1997

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000005143 (2)

1. Corporation Name  
SPANISH VILLAS, INC.



Principal Place of Business Mailing Address  
1648 S PALMETTO AVE. STE 105 SO DAYTONA FL 32119  
1648 S PALMETTO AVE. STE 105 SO DAYTONA FL 32119-2248

2. Date Incorporated or Qualified 11/17/1992  
3a. Date of Last Meeting 04/16/1996

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Country 28. Zip 29. Country 30. Zip  
4. FEI Number 50-3147964  
5. Certificate of Status Desired  \$8.75 Add'l Fee Requir  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 Ma. Added to F.  
7. This corporation has liability for intangible tax under s. 119 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LOPEZ, CESAR  
1648 S PALMETTO AVE  
APT 105  
S DAYTONA FL 32119  
10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.  
SIGNATURE: *Cesar Lopez* *Cesar Lopez* *president* DATE: 3/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12.1. NAME	PSTD LOPEZ, CESAR 1648 S PALMETTO AVE STE 105 S DAYTONA FL 32119	<input type="checkbox"/> DELETE	1.1 TITLE
12.2. CITY-STATE-ZIP		<input type="checkbox"/> DELETE	1.2 NAME
12.3. STREET ADDRESS		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
12.4. CITY-STATE-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP
12.5. TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
12.6. NAME		<input type="checkbox"/> DELETE	2.2 NAME
12.7. STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
12.8. CITY-STATE-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP
12.9. TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
12.10. NAME		<input type="checkbox"/> DELETE	3.2 NAME
12.11. STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
12.12. CITY-STATE-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP
12.13. TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
12.14. NAME		<input type="checkbox"/> DELETE	4.2 NAME
12.15. STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
12.16. CITY-STATE-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP
12.17. TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
12.18. NAME		<input type="checkbox"/> DELETE	5.2 NAME
12.19. STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
12.20. CITY-STATE-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP
12.21. TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
12.22. NAME		<input type="checkbox"/> DELETE	6.2 NAME
12.23. STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
12.24. CITY-STATE-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cesar Lopez* DATE: 3/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

804-767-7  
Dayside Phone #  
GR20022512

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970247-TC

DEPOSIT TREAS. REC. DATE

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D472 ~~0000~~ MAR 03 '97

LEE LOPEZ

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STATE & ZIP FL 32119

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NAME Spanish Villas, Inc

ADDRESS 1648 S. palmetto Ave. Apt 105  
- - - - - 32119

97 MAR 03 10 02  
MAR 03 1997

SPANISH VILLA'S, INC.  
P. O. BOX 291808  
PORT ORANGE, FL 32129

3577

PAY TO THE ORDER OF Florida public Service Commission DATE March-10-97  
One Hundred & 00/100 \$ 100.00  
DOLLARS

**CNB** COMMERCIAL NATIONAL BANK  
PORT ORANGE OFFICE  
P. O. BOX 899  
DAYTONA BEACH, FLORIDA 32119

FOR Applicant fee DOCUMENT NUMBER-DATE  
12260 MAR-35