

ORIGINAL

RECEIVED FFSC

NOV -3 AM 10:37

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<table border="1"> <tr> <td data-bbox="839 819 1189 883">A. Received by (Please Print Clearly) <i>GABRIELA BARRERA</i></td> <td data-bbox="1189 819 1354 883">B. Date of Delivery <i>30 Oct 2003</i></td> </tr> <tr> <td data-bbox="839 883 1189 968">C. Signature <i>[Signature]</i></td> <td data-bbox="1189 883 1354 968"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2" data-bbox="839 968 1354 1032">D. Is delivery address different from item 1? " YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly) <i>GABRIELA BARRERA</i>	B. Date of Delivery <i>30 Oct 2003</i>	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? " YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Received by (Please Print Clearly) <i>GABRIELA BARRERA</i>	B. Date of Delivery <i>30 Oct 2003</i>						
C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? " YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No							
<p>1. Article Addressed to: 030831</p> <p>Stel International, Inc. Mr. Alejandro Ulloa 201 South Biscayne Blvd., Suite 2800 Miami FL 33131-4330</p>	<p>3. Service Type</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>2. Article Number (Transfer from service label)</p>	<p>7002 0860 0001 1758 6702</p>						

PS Form 3811, March 2001

Domestic Return Receipt

10259501-M-1424

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- WMS _____
- SEC /
- OTH _____

DOCUMENT NUMBER-DATE

10882 NOV-3 8

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