RH 1 4 96

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960334-TC

) ESTING	THE APPLICANT WILL DO BUSINESS	CORP	
DDRESS OF THE APPLICANT(S)			
STREET	390 S.C. SYBECIA	1)2.	
CITY	MAITIAND		
STATE & ZIP	FLORIDA		
TYPE OF ORGANIZA	TION (CHECK ONE)		
A. INDIVIDUAL OWN NAME.	DOING BUSINESS UNDER HIS/HER:	[]	
DOCUMENTATION:	No other documentation needed.		
B. PARTNERSH	IP:	[]	
DOCUMENTATION: with the name an	Attach a copy of the partnership d address of all partners.	agreement, and a	
C. CORPORATIO	N :	[×]	
DOCUMENTATION: filed with the outside of Flori applicant has au of Florida Regis	Attach proof that articles of i Florida Secretary of State's Ofi da, attach proof from the Florida thority to operate in Florida and p tered Agent.	ncorporation have fice. If incorpo Secretary of State provide name and ac	
NAME	DESTINY COMMUNICA	TION COPP	
ADDRESS	390 St. SYBELIA	Da.	
ADDRESS	MAITEAND FLORION	32751	

FORM PSC/CNU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION NULE NO. 25-24.511 MAN 11 B SA AN '88 WHINSTANDS

DOCUMENT NUMBER-DATE

	IDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL ONSIBLE FOR COMMISSION CONTACTS:	WHO
NAME:	JERE PILE	
TITLE	E: Vice President	
PHONE	E: (407) 330 2388	
THE C	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE A BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE S IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATE	PPL I
	NO	
IF T	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND L	IST
CERTI	IFICATE HOLDER AND CERTIFICATE NUMBER.	
_		
111.65		
-8/49		
LIST	THE STATES IN WHICH THE APPLICANT:	
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	
	NONE	
	- RONE	
в.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY T	ELEP
в.	PROVIDER.	ELEP
в.		ELEP
В. С.	PROVIDER. NO HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE P	
	PROVIDER.	
	PROVIDER. NO HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE P	
	PROVIDER. NO HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PEXPLAIN CIRCUMSTANCES.	
	PROVIDER. NO HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PEXPLAIN CIRCUMSTANCES.	

	D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.	OF		
9.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:			
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE			
10.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:			
11.	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE	?		
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE			
12.	ILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS OF ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND -800? (See Rule 25-24.515(6), F.A.C.			
13.				

APPLICANT ACKNOWLEDGEMENT CARD

Applicant .	DESTINY COMMUNICATIONS CORP
Service Con	edge receipt and understanding of the Florida Publi mmission's Rules and Requirements relating to my provisio ephone Service.
Signature	
Title	PRESIDENT
Date	2.17.96

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.

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.

	THE OF OWNER/CHIEF OFFICER OF	PRESIDENT
(SIGNATU	RE OF OWNER/CHIEF OFFICER OF	APPLICANT)
DATE:	2.17.96	



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 21, 1996

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134

The Articles of Incorporation for DESTINY COMMUNICATION CORPORATION were filed on February 20, 1996 and assigned document number P96000015952. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Vickie Whitfield, Corporate Specialist New Filings Section

Letter Number: 096A00007566

ARTICLE 9 - TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE 10 - REGISTERED OWNER(S)

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books of the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

ARTICLE 11 - REGISTERED OFFICE AND REGISTERED AGENT

The initial address of registered office of this Corporation is AmeriLawyer® Chartered, located at 343 Almeria Avenue, Coral Gables, Florida 33134. The name and address of the registered agent of this Corporation is AmeriLawyer® Chartered, 343 Almeria Avenue, Coral Gables, Florida 33134.

ARTICLE 12 - BYLAWS

The Board of Director(s) of the Corporation shall have power, without the assent or vote of the shareholders, to make, alter, amend or repeal the Bylaws of the Corporation, but the affirmative vote of a number of Directors equal to a majority of the number who would constitute a full Board of Director(s) at the time of such action shall be necessary to take any action for the making, alteration, amendment or repeal of the Bylaws.

ARTICLE 13 - EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

ARTICLE 14 - AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to these Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Florida, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.



IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 19 February 1996.

Elsie Sanchez, Incorporator

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IN ARTICLES OF INCORPORATION

AmeriLawyer® Chartered, having a business office identical with the registered office of the Corporation name above, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

AmeriLawyer® Chartered

Natalia Utrera, Vice President

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 966334-78 LEGAL NAME OF THE APPLICANT 1. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 2. OMMUNICATION 3. ADDRESS OF THE APPLICANT(S) S.L. SYBELIA DA. STREET MAIRAND CITY FLORICA STATE & ZIP TYPE OF ORGANIZATION (CHECK ONE) INDIVIDUAL DOING BUSINESS UNDER HIS/HER: [] OWN NAME. No other documentation needed. DOCUMENTATION: 1 PARTNERSHIP: DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners. CORPORATION: C. DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated a 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. MMUNICATION I NAME **ADDRESS** SYBELIA

APPLICATION FOR

FPSC-RECORDS/REPORTING