



Immigration & Translation Services

Servicios de Inmigracion y Traducccion
15798 S.W. Warfield Blvd. P.O. Box 1697
Indiantown, Fl. 34956
Phone: 407-597-4678 Fax 407-597-4171

961373-TC

NOBEMBER 13. 1996.

DEPOSIT TREAS. REC. DATE

Brenda H. Hawkins
Regulatory Analyst
State of Florida.

D404 . . . NOV 19 '96

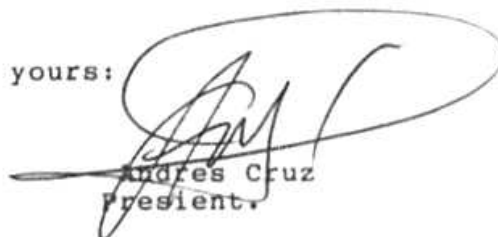
I'am Andres Cruz, president of this corporation, me and my long distance company, we spoke with you last friday, talking about what kind of business that I have. I have four business lines including fax line, but they are not pay telephone like you understanded; but you say that I need to apply for a certification, to provide long distance service.

I tryed to call you today before sending this application because I have question, if I need to pay extra taxes, plus those Iam paying to Indiantown Telephone System and to my long distance company, who is TRESKOM USA, if you want to cantac with them you can ask for David Jimenez at 1800- 557- 1355.

I fil out the application as much I can, but if you need more information, before you providing me the certification, please call me; at 561-597-4678.

Thank You very much for your attetion to this matter.

Sincerely yours:



Andres Cruz
President.

DOCUMENT NUMBER-DATE

12231 NOV 18 96

FPSC-RECORDS/REPORTING

State of Florida

Commissioners:
SUSAN F. CLARK, CHAIRMAN
J. TERRY DEASON
JULIA L. JOHNSON
DIANE K. KIESLING
JOE GARCIA



DIVISION OF COMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(904) 413-6600

Public Service Commission

October 24, 1996

Mr. Guate Centro
P. O. Box 1697
15798 S. W. Warfield Boulevard
Indiantown, Florida 34956

Dear Mr. Centro:

It has come to our attention that you may be providing pay telephone service. In order to provide pay telephone service in Florida, you must first obtain a certificate from this Commission as required by **Rule 25-24.510, Florida Administrative Code**. In addition, all of your pay telephones must be connected to pay telephone access lines not regular business lines as required by Indiantown Telephone System, Inc. approved tariff governing pay telephone service.

Accordingly, please complete the enclosed application and return it to our office by November 13, 1996, so that we can proceed with the certification process.

Should you have any questions, please call me at (904) 413-6556.

Sincerely,

Brenda H. Hawkins
Brenda H. Hawkins
Regulatory Analyst
Service Evaluation

Enclosure
Record #2375

DOCUMENT NUMBER-DATE

PLEASE READ!!!

ATTACHMENT B

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

FOR

Certificate to Provide Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- E. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- F. Use a separate sheet for each answer which will not fit the allotted space.
- G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. Once completed, the original plus two (2) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Gunter Building, 2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

GUATE CENTRO SERVICES INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

SAME AS ABOVE

3. ADDRESS OF THE APPLICANT(S)

STREET

15798 SW. Warfield Blvd. P.O. Box 1697

CITY

Indian town

STATE & ZIP

FL. 34956

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

Guate Centro Services INC.

ADDRESS

15798 SW Warfield Blvd. P.O. Box 1697
Indian town Florida. 34956

D. DOING BUSINESS UNDER A FICTITIOUS NAME: []

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

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

N/A.

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.

NO

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

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

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

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

PERSONALLY	[X]
FULL-TIME TECHNICIAN	[]
PART-TIME TECHNICIAN	[]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[]
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.)

Yes.

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.)

N/A. it is not a pay telephone.

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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: _____

11-13-96

ARTICLES OF INCORPORATION
OF
GUATE CENTRO SERVICES, INC.

The undersigned incorporate to those Articles of Incorporation a Florida corporation, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. CORPORATE NAME:

The name of the corporation is:

GUATE CENTRO SERVICES, INC.

ARTICLE II. NATURE OF BUSINESS AND POWERS:

The general nature of the business to be transacted by this corporation is authorized to issue and have outstanding at any one time is Five Hundred (500) shares of voting common stock having a par value of One (\$1.00) Dollar per share. All shares issued shall be fully paid and nonassessable.

ARTICLE IV. TERM OF EXISTENCE:

This Corporation shall have perpetual existence.

ARTICLE V. REGISTERED AGENT AND INITIAL REGISTERED OFFICE:

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

Registered Agent - ANDRES CRUZ
15798 S.W. WARFIELD BLVD.
Registered/Corporate Office - INDIANTOWN, FL. 34956

The Board of Directors may, from time to time, move the Registered Office to any other address in the State of Florida.

DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

ARTICLE VI.

BOARD OF DIRECTORS:

This Corporation shall have ONE (1) Director initially. The number of Directors may be increased or diminished from time by bylaws adopted by the Shareholders, but shall never be less than one (1).

ARTICLE VII.

INITIAL DIRECTOR:

ANDRES CRUZ - (P.O. Box 1697).
15798 S.W. WARFIELD BLVD.
INDIANTOWN, FL. 34956


Signature

The persons named as initial Directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE VIII.

INCORPORATOR:

The name and street address of the corporation signing these Articles of Incorporation as the Incorporator is:

ANDRES CRUZ (P.O. Box 1697).
15798 S.W. WARFIELD BLVD.
INDIANTOWN, FL 34956

ARTICLES IX.

CONFLICT OF INTEREST:

No contract between this Corporation and another corporation or another individual shall be invalidated by reason of the fact that one or more of the officers or Directors of this Corporation are officers or Directors of the said other corporation, or by reason of the fact that one or more of the officers or Directors of this Corporation may be the other individual or individuals contracting with this Corporation.

ARTICLE X.

AMENDMENT:

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Shareholders, and approved at a Shareholders' meeting by at least a majority of the stock entitled to vote thereon, unless all the Directors and all of the Shareholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as the Incorporator, has executed the following Articles of Incorporation this 13th day of NOVEMBER, 1996.

CORPORATE NAME;

GUATE CENTRO SERVICES, INC.

BY: [Signature]

STATE OF FLORIDA)

) SS#

COUNTY OF MARTIN)

appeared ANDRÉS CRUZ BEFORE ME, a Notary Public, personally the President of GUATE CENTRO SERVICES, INC., to be known to be the corporation described as Incorporator and the person who executed the foregoing Articles of Incorporation, and acknowledged before me that he or she subscribed to these Articles of Incorporation.

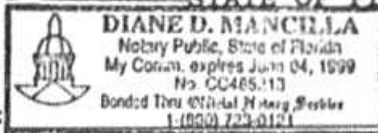
WITNESS my hand and official seal at

INDIANTOWN, Florida, this 13th day of NOVEMBER, 1996.

Diane D. Mancilla

NOTARY PUBLIC

STATE OF FLORIDA at LARGE



My commission expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to Sections 48.091 and 607.034, Florida Statutes, the following is submitted, in compliance with said Sections:

That GUATE CENTRO SERVICES, INC.
desiring to organize under the laws of the State of Florida has
named ANDRES CRUZ as its agent to
accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above, stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

Dated this 13th day of NOV., 1996.

Name: _____

ANDRES CRUZ

GUATECENTRO

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Thank You very much for your attention to this matter.

Sincerely yours:


Andres Cruz
President.

RECEIVED
NOV 18 AM 9 54

GUATECENTRO 04-96
TAILOR & FASHION SHOP
407-597-4678
15798 S.W. WARFIELD BLVD.
INDIANTOWN, FL 34956

167
63-677/870

11-13-96

State of Florida - PSC \$100.00
One hundred 00/100

FIRST BANK

Certification for 

DOCUMENT NUMBER-DATE
12231 NOV 18 96
FPSC-RECORDS/REPORTING