

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT

DATE

1. LEGAL NAME OF THE APPLICANT

D487

MAR 24 1997

Abdul BASHIR

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

AVENTURA Food mart Inc

3. ADDRESS OF THE APPLICANT(S)

STREET

15320 N miami ave

CITY

Miami

STATE & ZIP

FL. 33169

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

AVENTURA Food mart Inc

ADDRESS

19190 W. Dixie Hwy

N. miami Beach FL 33180

305 933-1505

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

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

NAME: Abdul Bashir
TITLE: President
PHONE: 305 933 1505

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.

NO

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

NONE

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.

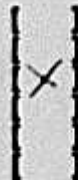
NONE

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
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE



11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10

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

PERSONALLY
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 10XXX+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.)

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, UNDEVER 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 \$60.00 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.

Abdul K. Bashir

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: _____

3/15/97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant ABDUL R. BASHIR

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

Signature

Abdul R. Bashir

Title

PRESIDENT

Date

MARCH 15TH 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.

ARTICLES OF INCORPORATION
OF
AVENTURA FOOD MART, INC.

FILED
99 OCT -5 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, as Subscriber to these Articles of Incorporation, being a natural person competent to contract, hereby files these Articles of Incorporation to form a corporation under the laws of the state of Florida.

ARTICLE I. NAME: The name of the corporation is AVENTURA FOOD MART, INC.

ARTICLE II. PURPOSES AND POWERS OF THE CORPORATION: The corporation may engage in any business or activity permitted under the laws of the United States of America and the state of Florida.

ARTICLE III. CAPITAL STOCK: The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is One Thousand (1,000) shares of common stock having a par value of One and no/100ths (\$1.00) Dollar.

ARTICLE IV. TERMS OF EXISTENCE: The corporation is to exist perpetually.

ARTICLE V. DIRECTORS: The corporation shall have one (1) director(s) initially. The number of directors may be increased or decreased from time to time by By-Laws adopted by the shareholders but the number of directors shall never be less than one (1).

ARTICLE VI. FIRST BOARD OF DIRECTORS: The name and post office address of the member of the first board of directors is:

LEONARD OSHINSKY

1150 East Hallandale Beach Blvd.
Suite A
Hallandale, FL 33009

ARTICLE VII. SUBSCRIBER: The name and post office address of the subscriber to these Articles of Incorporation is as follows:

LEONARD OSHINSKY

1150 East Hallandale Beach Blvd.
Suite A
Hallandale, FL 33009

ARTICLE VIII. AMENDMENTS: 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 a majority of the stock entitled to vote thereon, unless all of the directors and all of the stockholders sign a written statement manifesting their intentions that a certain amendment to these Articles of Incorporation be made.

ARTICLE IX. CONTRACTS: 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 may be officers or directors of, or have any other interest in, 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. ADDRESS, REGISTERED OFFICE AND REGISTERED AGENT: The initial post office address of the principal office of the corporation is 1150 East Hallandale Beach Blvd., Suite A, Hallandale, FL 33009 and the post office address of the registered office is 1150 East Hallandale Beach Blvd., Suite A, Hallandale, FL 33009 and the registered agent is LEONARD OSHINSKY.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of October, 1996.

Leonard Oshinsky
LEONARD OSHINSKY

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

The foregoing Articles of Incorporation were acknowledged before me this 1st day of October, 1996 by LEONARD OSHINSKY, who, as indicated below, is either personally known to me or who produced the identification noted.

Personally known to me

Produced identification _____

(Type of ID)

Marlene Nicholson
NOTARY PUBLIC, State of Florida

My Commission expires:

OFFICIAL NOTARY SEAL
MARLENE NICHOLSON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC419251
MY COMMISSION EXP. NOV. 7, 1998

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NAME

AVENTURA Food mart Inc.

ADDRESS

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N. miami Beach Fl 33180

305-933-1505

been registered with

AVENTURA Food mart

19180 WEST DIXIE HWY
NORTH MIAMI BEACH, FL 33180

1755

DATE 3/14/97

Public Service Commission 100 $\frac{10}{100}$

One Hundred Dollars

City National Bank

Abdul R. Bashir