

APPLICATION FORM

1. This is an application for (check one):

Original authority (new company)

980447-TX

Approval of transfer (to another certificated company)

Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate (to a noncertificated company)

Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

Approval for transfer of control (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

USA TELEPHONE INC.,

3. Name under which the applicant will do business (d/b/a):

USA TELEPHONE INC.,

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: N/A

APPLICATION FORM

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

N/A

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: P98000013096

10. Please provide the name, title, address, telephone number, Internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Jean Andre Cherubin

1765 NE 162 STREET

MIAMI, FLORIDA 33162

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

NONE

APPLICATION FORM

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

- B. Managerial capability.
- C. Technical capability.

(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, described in detail the difference.)

APPLICATION FORM

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083".

Official:  3/25/98
Signature Date

Title: President (305)251-2293
Telephone Number

Address: 20290 SW 85 AVE
MIAMI, FLORIDA 33189

Prepare by preparing a personal financial statement for an individual

Personal Financial Statement

As of: 03/01/98

Emmanuel Charbon
20790 S. W. 80 Avenue, Miami, Florida 33189
Hans Antonson Pina, Inc.
11467 Biscayne Blvd, Suite 210
Miami, Florida 33181

Beneficiary
Your Wife
General Manager

Social Security # 123 94 1444
Home Telephone #
Business Telephone # 305-863-4400
Auto Ownership

Cell Keys

Assets

Liquid Assets
(Cash, checking & savings accounts, from below)
Short Term Investments
Mutual Funds

Liabilities

Short Term
Credit Cards (from below)
Car Loan

Home Held

Single Person
Community Property
Tenants in Common
Partnership
Corporation

Cash Value of Life Insurance (from below)

Total Liquid Assets

Accrued Income Taxes
Other Debt

Total Short-Term Liabilities

Real Property Type
Primary Residence
Secondary Residence
Investment Property

Investment Assets
Notes Receivable (from below)

Real Estate (Investment)

Total Investment Assets

Long-Term
Loans to Purchase Personal Assets
Loan to Acquire Business
Mortgage on Personal Residence(s)

Total Long-Term Liabilities

Personal Assets
Residence
Line of Credit
Furniture
Vehicles
Other

Total Personal Assets

Contingent Liabilities
Endorser
Guarantor (SBA Loan)
Damage Claims
Taxes
Other

Total Contingent Liabilities

Total Assets \$282,200

Total Liabilities \$62,200

Net Worth \$220,000

Debt / Month

0.27

Annual Income

Husband's Base Salary (Net)
Wife's Base Salary (Net)

\$40,000
\$40,000

Annual Expenditures

Alimony - Child Support
Contract Payments

\$201,000

Bonus Profit Sharing \$5,000
 Alimony (Child Support) (gross) \$0
 Dividends \$115
 Interest \$0
 Rental \$0
 Second Incomes Income \$0
 Other \$0

Credit Accounts
 Income Taxes \$1,000
 Insurance \$27,500
 Living Expenses \$800
 Mortgage (Principal - Interest) \$30,000
 Property Taxes \$4,000
 Total Annual Expenses \$64,300

Depositable Income \$27,345

Total Annual Income \$5,000
 (Savings) Accounts
 Savings Account 2087
 (T) Retirement Account 2088

Total Annual Expenses \$64,300
 Depositable Income \$27,345

Total Savings Accounts

(Credit) Accounts
 Visa
 MasterCard

Institution Address
 Monthly Payments \$50
 New Hold \$
 Account Number
 Balance of Account \$000
 \$000
 \$000

Total (Credit) Accounts

\$100
 \$1,000

Total Value Receivable

Collateral
 Security Receipts
 Maturity Date
 Total Amount \$0

Mutual Fund Account
 Securities
 Total Securities Owned 30

Title in name of... JOINT
 Share Value \$700
 New Hold 7
 Total Market Value \$700
 Dividend No
 \$700

Life Insurance Policy
 Total Life Insurance \$250,000

Insurance Company Prudential
 Cash Value \$25,000
 Beneficiary Spouse
 Loans \$0
 \$0

Real Estate

Cost Property Name on Monthly Amount Acquired Balance

1. Prepare by preparing a personal financial statement for an individual

Personal Financial Statement

As of: 12/31/87

Estimated October
20290 S.W. 8th Avenue, Miami, Florida 33130
Evan Anderson, P.O. Box
11661 Brickwood Blvd, Suite 210
Miami, Florida 33181

Residence
Year 1 etc
General Manager

Social Security # 123-54-1-604
Home Telephone # 305-402-4400
Business Telephone #
Radio Assembly

(see key)

Assets

Liquid Assets

Cash (Checking & savings accounts, from below)
Short Term Investments
Mutual Funds

\$28,000
\$10,000
\$750

Short Term
Credit Cards (from below)
Car Loan

\$1,000

Liabilities

Short Term

Cash Value of Life Insurance (from below)
Total Liquid Assets

\$28,000
\$71,750

Accrued Income Taxes
Other Debt

\$4,000

Long Term Assets
Notes Receivable (from below)

\$175,000

Long Term
Loans to Purchase Personal Assets
Loan to Acquire Business
Mortgage on Personal Residence(s)

\$9,000

Real Property Type
Primary Residence
Secondary Residence
Investment Property

PR
SR
IP

Real Estate Investment(s)

\$75,000

Total Long Term Liabilities

\$13,200

Total Investment Assets

\$75,000

Total Long Term Liabilities

\$13,200

Personal Assets
Residence
Line of Credit

\$150,000
\$25,000

Contingent Liabilities
Endorser
Guarantor (SBA Loan)
Damage Claims
Taxes
Other

\$0

Furniture
Vehicles
Other

\$40,000
\$21,500

Total Contingent Liabilities

\$0

Total Personal Assets
Total Assets

\$236,500
\$303,200

Total Liabilities

\$40,200

Net Worth

\$201,000

Debt / Worth

0.27

Annual Income

Husband's Base Salary (Net)
Wife's Base Salary (Net)

\$40,000
\$40,000

Annual Expenditures

Alimony / Child Support
Contract Payments

\$0

Bonus Profit Sharing \$5,000
 Alimony (Child Support (Spousal))
 Dividends \$80
 Interest \$115
 Rentals
 Several Business Income
 Other

Total Annual Income

\$65,790

Total Annual Expenses

\$64,250

Disposable Income

\$1,540

Checking / Savings Accounts
 Savings Account
 CD Retirement Account

Name as Account
 JOINT
 JOINT
 JOINT

Institution Address
 Address

Monthly Deposits
 \$5,000
 \$1,700
 \$1,700

How Held
 Joint
 Joint
 Joint

Account Number
 Number

Balance of Account
 \$3,000
 \$13,000
 \$10,000

Total Savings Accounts

\$5,300

\$28,000

Visa
 MasterCard

Name as Account
 Personal Charge
 Visa Charge

Institution Address
 Address

Monthly Payments
 \$50
 \$50

How Held
 Held
 Held

Account Number
 Number

Balance of Account
 \$500
 \$500

Total Credit Accounts

\$100

\$1,000

Notes Receivable

Collateral

Security Receipts

Security Date

Total Amount

Total Notes Receivable

\$0

\$0

Manual Fund Account

Securities

Shares Owned

Stock Exchange

Title in name of ... JOINT

Shares Value

How Held

Total Market Value

\$1700

Produce? No

Total Securities Owned

\$0

\$1700

Life Insurance Policy

Life Insurance

Policy Amount

Insurance Company Prudential

Cash Value

\$35,000

Beneficiary Spouse

Loans \$0

Total Life Insurance

\$250,000

\$35,000

\$0

Real Estate

Real Estate

Property

Name on

Monthly

Acquired

Balance

1) * requires for preparing a personal financial statement for an individual

Personal Financial Statement

As of 12/31/98

Emmanuel C. Norton
20290 SW 8th Avenue Miami, FL 33189
Miami American Pro, Inc.
11601 Broward Blvd Suite 210
Miami, Florida 33181

Residence
Year Bldg
General Manager
Social Security # 133 54 1684
Home Telephone # 305 893 4400
Business Telephone #
Fax Number

(Code Key)

Assets

Liquid Assets

Cash (Checking & Savings accounts, from below)
Savings Term Investments

\$20,000
\$10,000

Term Life
Investment Assets

\$1,500
\$5,000

Liabilities

Short-Term

Trade (Bills from below)
Accrued Income Taxes

\$1,500
\$5,000

Real Property Type

Primary Residence
Secondary Residence
Investment Property

PR
SR
IP

Cash Value of Life Insurance (from below)

Total Liquid Assets \$45,000

Investment Assets

Total Liquid Assets \$45,000

Long-Term

Total Short-Term Liabilities \$6,500

Mortgage on Personal Residence(s)

\$78,900

Total Long-Term Liabilities \$78,900

Contingent Liabilities

Total Contingent Liabilities \$0

Total Investment Assets \$0

Personal Assets

\$150,000

Residence

\$150,000

Personal Assets

\$150,000

Residence

\$150,000

Total Personal Assets \$200,000

Total Assets \$285,000

Net Worth \$175,800

Date/Year 2-89

Annual Expenditures

Alimony (Child Support)
Contract Payments

\$38,000
\$35,000

Annual Income

Husband's Base Salary (Net)
Wife's Base Salary (Net)

\$38,000
\$35,000

Income: Profit Sharing
 - Salary (Total Support (Spouse))
 - Dividends
 - Interest
 - Capital
 - Rental Income
 - Other Income

Credit Accounts
 Income Taxes
 Insurance
 Savings Agency
 Mortgages (Principal - Interest)
 Property Taxes

Total Annual Income

\$17,249

Total Annual Expenses

\$5,550

Disposable Income

\$11,699

(Checking / Savings Accounts)

Checking Account
 Savings Account
 Credit Account

Value as of Account
 1/1/96
 1/1/96
 1/1/96

Institution Address

Monthly Deposits
 \$3,200
 \$1,135
 \$1,135

How Held
 7
 5
 5

Account Number
 7

Balance of Account
 \$3,500
 \$6,500
 \$10,000

Total Savings Accounts

\$1,470

Disposable Income

\$20,000

Credit Accounts

Value as of Account
 1/1/96
 1/1/96

Institution Address

Monthly Payments
 \$50
 \$50

How Held
 5
 5

Account Number

Balance of Account
 \$500
 \$500

Total Credit Accounts

\$100

Disposable Income

\$1,000

Notes Receivable

Collateral

Monthly Payments

Monthly Due

Total Amount

Total Notes Receivable

\$0

Disposable Income

\$0

Securities

Shares Owned
 Exchanges

Title in name of...

Share Value
 Total Market Value

Total Market Value

Project

Total Securities Owned

\$0

Disposable Income

\$0

Life Insurance Policy

Life Insurance

Policy Amount
 \$250,000

Insurance Company
 Prudential

Cash Value
 \$20,000

Beneficiary Spouse

Lease \$0

Total Life Insurance

\$250,000

Cash Value

Beneficiary Spouse

\$0

Real Estate

Car

Property

Name on

Monthly

Acquired

Balance

!! * require for preparing a personal financial statement by an individual

Personal Financial Statement

As of: 12/31/98

Financial Condition
20290 SW 8th Avenue, Miami, FL 33189
Hann American Plaza, Inc.
11661 Biscayne Blvd, Suite 210
Miami, FL 33181

Homeowner
Your Title
General Manager

Social Security # 131-34-1664
Home Telephone #
Business Telephone # 305-893-4402
Radio Advertising
Brief description of what your business does

(see key)

Assets

Liquid Assets
Cash (checking & savings accounts from below)
Short-Term Investments
Treasury Bills
Savings Certificates
Money Market Funds
Cash Value of Life Insurance (from below)
Investment Assets

Total Liquid Assets \$20,000
Total Investment Assets \$61,500

Liabilities

Short-Term
Credit Cards (from below)
Accrued Income Taxes
Long-Term
Mortgage on Personal Residence(s)
Total Long-Term Liabilities

Total Short-Term Liabilities \$6,500
Total Long-Term Liabilities \$62,500

Personal Assets

Residence
Vacation Property
Furniture
Vehicles
Other

Total Personal Assets \$175,400
Total Assets \$236,750

Contingent Liabilities
Total Contingent Liabilities \$0
Total Liabilities \$69,000

Net Worth \$167,750

Debt / Worth 0.50

Annual Income

Husband's Base Salary (Net)
Wife's Base Salary (Net)

\$35,000
\$32,000

Annual Expenditures

Alimony / Child Support
Contract Payments

Asset Profit Sharing
 Annuity (Child Support (personal))
 Dividends
 Interest
 Rental
 Secured Business Income
 Other

(Credit Accounts
 Income Taxes
 Insurance
 Living Expenses
 Mortgages (Principal - Interest)
 Property Taxes

Total Annual Income

Total Annual Expenses

\$6,184

\$48,200

\$118,884

(Debiting / Savings
 Accounts

Debiting Account
 Savings Account
 CD Retirement Account

Name as Account
 2098
 2098
 2098

Institution
 Address

Monthly Deposits
 \$2,980
 \$120
 \$120

How Held
 7
 7
 7

Account Number

Balance of Account
 \$3,000
 \$8,200
 \$8,100

Total Savings Accounts

\$3,210

\$11,300

(Credit
 Accounts

Via
 MasterCard

Name as Account
 Emmanuel Oberlin
 Napa Oberlin

Institution
 Address

Monthly Payments
 \$50
 \$50

How Held
 5
 5

Account Number

Balance of Account
 \$1,000
 \$1,000

Total Credit Accounts

\$100

\$2,000

Notes Receivable

Collateral

Monthly Receipts

Maturity Date

Total Amount

Total Notes Receivable

\$0

\$0

Securities

Shares Owned
 Stock Exchange

Title in name of...

Share Value

How Held

Total Market Value

Prefer?

Total Securities Owned

\$0

\$0

Life Insurance

Life Insurance

Policy Amount
 \$250,000

Insurance Company

Cash Value
 \$33,000

Beneficiary Spouse

Lease
 \$0

Total Life Insurance

\$250,000

Prudential

\$33,000

\$0

\$0

Real Estate

Cost Property

Name on

Monthly Acquired

Balance

Address & Type	Value	Type	Mortgage	Prepared	Debt	Financing	Debt
20290 SW 8th Avenue Miami FL 33189	\$150,000	FD	Joint	\$650	07/90	Variable Rate	\$62,500
Total Real Estate	\$150,000						\$62,500
Have you ever filed for bankruptcy?	NO		Are any assets pledged except as shown?	NO		Have you made a sale?	YES
Are there any outstanding judgments against you?	NO		Are any debts secured except as shown?	NO		Have you made a 1099 sale?	NO
Are you currently a party to a lawsuit?	NO						

Represent and warrant.

That you are relying on the information in this financial statement in deciding to give or continue the financial accommodation or extension of credit. I have requested or received information that this is a true statement of my financial condition as of the date of valuation. You may rely on it as being true and correct until I otherwise notify you in writing. If this statement is not true in any material respect, or if I should die, file for bankruptcy, if any creditor tries to seize my property, or if any adverse change occurs in my financial condition, at your election any, or all of my indebtedness and obligations to you, direct or contingent, shall become immediately due and payable without demand or notice.

I have read, understood and agree to make these representations and warrants.

Your Signature _____ Date _____ Your Spouse's Signature _____ Date _____
 (if you are requesting this financial accommodation with your spouse)

STATE OF FLORIDA DEPOSIT

DATE

D740

MAR 30 1998

Commissioners
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



DIVISION OF COMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

Dear Prospective Applicant:

Enclosed you will find the application forms to provide:

- () ALEC Alternative Local Exchange Company;
- () EXC Interexchange Telecommunications Service;
- () AAV Interexchange Telecommunications Service with Alternative Access Vendor Service;
- () OSP Interexchange Telecommunications Service with Operator Service Provider Service;
- () STS Shared Tenant Service;
- () MLDA Multi-Location Discount Aggregator Telecommunications Service Provider.

RECEIVED
MAR 30 1998

Other attachments include relevant information and requirements.

Upon receipt of the completed forms staff will analyze the material and prepare a recommendation to be presented to the Commission. Following its decision, you will be advised of the outcome. If your application is approved you must follow all applicable rules. If your application is not approved you will be notified of further requirements.

Should you have any questions, please do not hesitate to call me at (850) 413 - 6586.

Sincerely,

Thomas E. Williams III, Engineer
Bureau of Service Evaluation



1320 AM

Genesis Communications II

RECEIVED
PUBLIC SERVICE COMMISSION
MAR 27 AM 9 16
MAIL ROOM

March 25, 1998

PUBLIC SERVICE COMMISSION
Capital Service Office Center
2540 Shumard Oak Blvd.
Tallahassee, Fl. 32399-0850

To Whom It May Concern:

Please be advised that WLQY has been doing business with Mr. Emmanuel Cherubin through HAITI ANTENNES PLUS INC., since January of 1990. At present, the credit limit on that account is twenty thousand dollars a month. Currently the account has a zero balance. Payment has been satisfactory and we highly recommend Mr. Cherubin and HAITI ANTENNES PLUS INC.

Sincerely yours,

WLQY - 1320 AM

Sandra B. Herzberg
Vice President and
General Manager

SBH/ds