

DEPOSIT

DATE

D037

NOV 23 1998

APPLICATION

1 Name of company:

S.A.S. TECHNOLOGIES, INC.

2 Name under which applicant will do business (fictitious name, etc.):

3 Official mailing address (including street name & number, post office box, city, state, and zip code):

540 Brickel Key Drive Suite 1007

Miami, Florida 33131

4 Florida address (including street name & number, post office box, city, state, and zip code):

540 Brickel Key Drive Suite 1007

Miami, Florida 33121

5 Structure of organization:

() Individual

(x) Corporation

() General Partnership

() Limited Partnership

() Other, _____

6 If incorporated in Florida, provide proof of authority to operate in Florida.

(a) Florida Secretary of State Corporate registration number: _____

DOCUMENT FILED DATE

13285 NOV 24 1998

REC'D BY REPORTING

APPLICATION

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: _____

8. F. E. I. Number (if applicable): 65-0876094

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

(a.) Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

APPLICATION

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

1 Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: S.A.S. TECHNOLOGIES, INC.

Title: EDISON D. ALTAMIRANO

Address: 540 Brickel Key Drive Suite 1007

City/State/Zip: Miami, Florida 33131

Telephone No.: 305-377-8582/8182 Fax No.: 305-377-9405

Internet E-Mail Address: sasglobal@aol.com / EDAR 1@aol.com

Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company.

Name: EDISON D. ALTAMIRANO

APPLICATION

Title: PRESIDENT

Address: %\$) Brickell Key Drive Suite 1007

City/State/Zip: Miami, Florida 33131

Telephone No.: 305-377-8582 Fax No.: 305-377-9405

Internet E-Mail Address: sasglobal@aol.com

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: S.A.S. TECHNOLOGIES, INC.

Title: EDISON D. ALTAMIRANO PRESIDENT

Address: 540 Brickell Key Drive Suite 1007

City/State/Zip: Miami, Florida 33131

Telephone No.: 305-377-8582 Fax No.: 305-377-9405

Internet E-Mail Address: sasglobal@aol.com / EDAR 1@aol.com

Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously 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, provide explanation.

APPLICATION

13 Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

N/A

14 Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

15 List other states in which the applicant:

a. Is currently providing pay telephone service.

N/A

b. Has applications pending to be certificated as a pay telephone provider

NONE

APPLICATION

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances

NO

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances

NO

16. Please check (✓) the services that will be provided:

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 15 UNITS DURING 1998

APPLICATION

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(o), F.A.C.)

() Yes (x) No

Explain: ONLY ACCESS FOR LONG DISTANCE WILL BE TOLL
FREE NUMBERS OR BY USE OF PREPAID PHONE CARDS.

20. Will each of the pay telephones to be installed conform to subsections 4 29 2 - 4 29 4 and 4 29 8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(13), F.A.C.).

(X) Yes () No

**** APPLICANT FEE/TAX STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

R. Altomirano
Signature

11-19-98

Date

PRESIDENT OF S.A.S. TECHNOLOGIES, INC.
Title

(305) 377-8582, 8192
Telephone No

Address: 540 Brickell Key Drive Suite 1007

Miami, Florida 33131

Fax No (305) 377-9405

ATTACHMENTS:

A - Affidavit

B - Applicant Acknowledgment

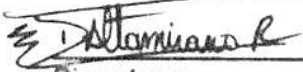
AFFIDAVIT

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

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."

UTILITY OFFICIAL:

 AS PRESIDENT OF S.A.S. TECHNOLOGIES 11-19-98
Signature: Date

EDISON D. ALTAMIRANO
Printed Name:

PRESIDENT (305) 377-9405
Title Fax No

Address: 540 Brickell Key Drive Suite 1007
Miami, Florida 33131

APPLICANT ACKNOWLEDGMENT

Applicant: S.A.S. TECHNOLOGIES, INC.

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

Signature:  AS PRESIDENT

Date: 11-19-98

Printed Name: EDISON D. ALTAMIRANO

Title: PRESIDENT

Address: 540 Brickell Key Drive Suite 1007

Miami, Florida 33131

Telephone No. (305) 377-8582 / 8182

Fax No. (305) 377-9405

THIS ACKNOWLEDGMENT FORM 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.

DEPOSIT

DATE

0037

NOV 23 1998

APPLICATION

1 Name of company:

S.A.S. TECHNOLOGIES, INC.

2 Name under which applicant will do business (fictitious name, etc.):

3 Official mailing address (including street name & number, post office box, city, state, and zip code).

540 Brickel Key Drive Suite 1007

Miami, Florida 33131

4 Florida address (including street name & number, post office box, city, state, and zip code):

540 Brickel Key Drive Suite 1007

Miami, Florida 33131

5 Structure of organization:

RECEIVED
NOV 23 10 29 AM '98
ADMINISTRATION
MAIL ROOM

EDISON D. ALTAMIRANO
540 Brickel Key Dr. #1007
Miami, FL 33131

0130

Partnership

Date 11/19/98

63-60/860

Pay to the Order of Florida Public Service Commission \$100.00

One hundred 00/100 Dollars

SUNTRUST

Premium Banking

DOCUMENT NUMBER-DATE

For APPLICATION fee.

Ed Altamirano R

13285 NOV 24 98

FPSR-RECORD REPORTING