



Malecon Pharmacy & Medical Supplies

October 5, 2000

Ms. Blanca Bayo
Director, Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

Re: Docket No. 000965-TC

Dear Ms. Bayo,

After considering all the options available to resolve the docket we have decided to request a voluntary cancellation of our certificate. I would like to thank the PSC and especially Ms. Paula Isler in responding to our questions and helping us resolve this docket.

I have sent our RAF return and check for our 1999 fee, penalty and interest separately. If you have any questions, please feel free to contact me at the numbers below.

Sincerely,

Gaston Redondo
President,
Malecon Pharmacy, Inc.

cc: Paula J. Isler
Research assistant

- APP _____
- CAF _____
- CMP Isler
- COM _____
- CTR _____
- ECR _____
- LEG 1
- OPC _____
- PAI _____
- RGO _____
- SEC 1
- SER _____
- OTH Done 10/16/00

DOCUMENT NO.
13041-00
10-13-00

12432



MALECON PHARMACY INC.

5966 WEST 16TH AVENUE
HIALEAH, FL 33012

DATE 10/5/00

63-219/660
22

PAY
TO THE
ORDER OF

P.S.C.

\$ 71.⁰⁰

Seventy one dollars & 00/100

DOLLARS

UNION PLANTERS BANK

FOR PSC. CENT. TF508

⑈012432⑈

© 2000 American BA
GUARDIAN & SAFETY

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/99 TO 12/31/99

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF508
Malecon Pharmacy, Inc.
5966 West 16th Avenue
Hialeah, FL 33012-6814

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
003001

\$ _____ P
0603002
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

(Name of Company) (Address) (City/State) (Zip)


LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>780.00</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>468.00</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>312.00</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.50</u>
8.	TOTAL AMOUNT DUE	\$ <u>67.00</u>

**AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50
THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED**

9. Number of pay telephones in operation at close of period covered by this Return 1

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to defraud a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.



(Signature of Company Official)
GASTON REDONDO
(Preparer of Form - Please Print Name)

PROSIDENT

(Title) 10/5/00
(Date)
Telephone Number 305 558 8517 Fax Number 305 558 8512
F.E.I. No. 59-1526485