

DL 1551

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Re Service.

3. Article Addressed to:

4a. Article Number

UNITE COMMUNICATION, INC.
 Dyane ys Rodriguez
 12747 SW 42nd Street, Suite 424
 Miami FL 33175-3429

10551

Certified
 Insured
 COD

Address (Only if requested)

1709-PAA

6. Signature (Addressee or Agent)
 X

APP
 CAL
 CMP
 COM
 CTR
 ECR
 LEG
 OPC
 PAL
 RGO
 SEC
 SER
 OTH

Form 3811, December 1994

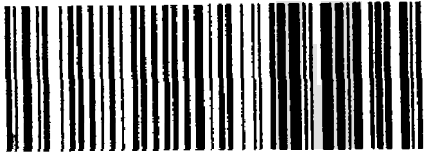
Domestic Return Receipt

ORIGINAL

CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7000 0600 0026 4144 9777



RETURNED TO SENDER
 ADDRESSEE UNKNOWN

UNITED COMMUNICATION, INC.
 Dyanelys Rodriguez
 12747 SW 42nd Street, Suite 424
 Miami FL 33175-3429

R/S UNK

DOCUMENT NUMBER - DATE

10712 AUG 28 94

FPSC-COMMISSION CLERK