

ORIGINAL

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December 28, 2001

VIA OVERNIGHT DELIVERY

011008-TI

Fiscal Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Gunter Bldg.
Tallahassee, Florida 32399
(850) 413-6000

TI491-00-0-C

Re: World Long Distance, Inc.
Company Code: TI491

Dear Sir/Madam:

Please find attached faxed copies of a cover letter and completed Interexchange Company Regulatory Assessment Fee Returns for the years 1998, 1999 and 2000 and a check in the amount of \$233.00 for World Long Distance, Inc. Once our office receives the original returns, I will forward to your office via overnight delivery.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope. If you have any questions, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,

Karen E. Campbell
Assistant for Lance J.M. Steinhart
Attorney for Telecuba, Inc.

Enclosures

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH

DOCUMENT NUMBER-DATE

00572 JAN 15 8

FPSC-COMMISSION CLERK

12/28/2001 18:30 3053716810

TELECUBA INC

PAGE 01

VIA OVERNIGHT DELIVERY

Fiscal Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Gunter Bldg.
Tallahassee, Florida 32399
(850) 413-6000

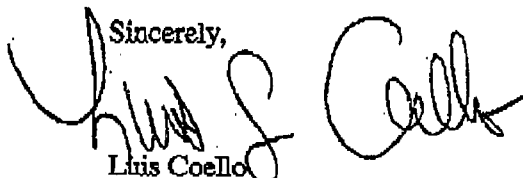
Re: World Long Distance, Inc.
Company Code: TI491

Dear Sir/Madam:

Please find attached completed Interexchange Company Regulatory Assessment Fee Returns for the years 1998, 1999 and 2000 for World Long Distance, Inc.. You will also find an enclosed payment of \$233.00 for the Regulatory Assessment Fees, Penalties and Interest for the same years.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope. If you have any questions, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,



Luis Coello
World Long Distance, Inc.

Enclosures

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/1999

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Actual Return
 Estimated Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TI491-98-0-R
World Long Distance, Inc.
444 Brickell Avenue, Suite 820
Miami, FL 33131-2407

DEPOSIT DATE
D1510 JAN 04 2002

FOR PSC USE ONLY	
Check# 2976	
\$ 56.00	0603001
	003001
\$ 12.50	P
	0603001
	004011
\$ 18.00	
Postmark Date 12/28/01	
Initials of Preparer	

PERIOD COVERED:
01/01/1998 TO
12/31/1998

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	_____	_____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	50.00
10.	Penalty for Late Payment	_____	12.50
11.	Interest for Late Payment	_____	24.00
12.	TOTAL AMOUNT DUE	_____	\$ 86.50

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50.

CURRENT COMPANY STATUS

() Facilities-Based Carrier (X) Reseller () Call Aggregator
() Alternate-Operator Service () Rebillor () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip)
(Telephone)
What is the total amount of customer deposits collected? Amount: \$ _____ for 19____
What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES (X) NO
If YES, who do you lease these facilities from? Name: _____
Address: _____

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 mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)
Telephone Number () Fax Number ()
F.E.I. No. _____

(Preparer of Form - Please Print Name)

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/1999

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Actual Return
 Estimated Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TI491-99-0-R
World Long Distance, Inc.
444 Brickell Avenue, Suite 820
Miami, FL 33131-2407

DEPOSIT DATE
DISIO JAN 04 2002

PERIOD COVERED:

01/01/1999 to
12/31/1999

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# 2976

\$ 53.50 0603001
003001

\$ 12.50 P
0603001
004011

\$ 12.00 I

Postmark Date 12/28/01

Initials of Preparer MC

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

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____ 0.00	\$ _____ 0.00
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	50.00
10.	Penalty for Late Payment	_____	12.50
11.	Interest for Late Payment	_____	15.50
12.	TOTAL AMOUNT DUE	_____	\$ 78.00

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Carrier () Reseller () Call Aggregator
() Alternate-Operator Service () Rebiller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip)
(Telephone)
What is the total amount of customer deposits collected? Amount: \$ _____ for 19 ____
What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES () NO
If YES, who do you lease these facilities from? Name: _____
Address: _____

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 mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Luis Coello (Signature of Company Official) (Title) (Date)
Luis Coello Telephone Number () Fax Number ()
(Preparer of Form - Please Print Name) F.E.I. No. _____

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2000 TO
12/31/2000

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TI491-00-0-R
 World Long Distance, Inc.
 444 Brickell Avenue, Suite 820
 Miami, FL 33131-2407
 DEPOSIT DATE
 DISLO JAN 04 2002

FOR PSC USE ONLY
 Check# 2976
 \$ 50.00 0603001
 \$ 12.50 003001
 \$ 6.00 0603001
 004011
 Postmark Date 12/28/01
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

World Long Distance, Inc.
(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____ 0.00
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____ 0.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____ 0.00)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		12.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		6.00
12.	TOTAL AMOUNT DUE		\$ 68.50

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

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
 What is the total amount of customer deposits collected? Amount: \$ _____ for 19____
 What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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 mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Luis Coello
 (Signature of Company Official) _____ (Title) _____ (Date) _____
 Luis Coello
 (Preparer of Form - Please Print Name)
 Telephone Number (_____) Fax Number (_____)
 F.E.I. No. _____