

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/26/2001 TO 12/31/2001

TG776-01-0-R
 Guillermo Fuentes
 14243 S.W. 152nd Terrace
 Miami, FL 33177-1021
DEPOSIT **DATE**
 D183 MAR 14 2002

FOR PSC USE ONLY
 Check# 837
 \$ 50.00 603002
 \$ 2.50 003001
 \$.50 603002
 Postmark Date 3/6/02 004011
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	2.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	.50
8.	TOTAL AMOUNT DUE	\$ 53.00

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

AUS _____
 CAF _____
 CMP _____
 COM _____
 GTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC _____
 OTH _____

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

Number of pay telephones in operation at close of period covered _____
 by this Return

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

**PLEASE CANCEL MY
 CERTIFICATE #7720**

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 official duty shall be guilty of a misdemeanor of the second degree.

Guillermo Fuentes
 (Signature of Company Official)

OWNER/PRESIDENT 3-4-02
 (Title) (Date)

Guillermo Fuentes
 (Preparer of Form - Please Print Name)

Telephone Number 305-776-1111 Fax Number 305-251-9363

F.E.I. No. _____ DOCUMENT NUMBER-DATE

02977 MAR 14 02
 FPSC-COMMISSION CLERK