TO AVOID PER ALTY AND INTEREST CHARGES, THE Interex	regulatory assessment fee rechange Company R	TURN MUST BE FILED ON OR BEFORE 01/30/2002 Regulatory Assessment Fee F	Return ORIGINA
STATUS:		ervice Commission	FOR PSC USE ONLY Check# 27735
	T410-01-0-R		\$ / & / . 6 6 0603001 2 1/ 9 2 003001
Amended Peturn	atin American Enterp	•	s 39./∝ P
	40 Sawgrass Corporat	1	0603001 004011
	unrise, FL 33325-623	37	s
PERIOD COVERED: 01/01/2001 TO 12/31/2001 DEPOSIT	CC: P. Isle	r	Postmark Date <u>6/6/02</u> Initials of Preparer <u>22</u>
	Please Complete Below If (Official Mailing Address Has Changed	
D222 JUN 1 0 2002			
(Name of Company)		(Address)	(City/State) (Zip)
LINE NO. ACCOUNT CLASSIFICA	TION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1. Long Distance Services		s 1587 137.16	s 116 813,4
 Access Services Private Line Services 			
4. Leased Facilities & Circuits Servi 5. Miscellaneous Services	ces		
6. TOTAL Telephone Services		s 1587137.16	s /168/3.21
LESS: Amounts Paid to Other Te	lecommunications Companies*	5713695	303719
(see "2. Fees" on back) 8. TOTAL REVENUES For Regula	tory Assessment Fee Calculation	(<u>3 /1 00 /1.</u>	86 442.12
 Regulatory Assessment Fee Due (Penalty for Late Payment (see "3. 	Multiply Line 8 by 0.0015)	pack) 32.42 25%	12966
 Interest for Late Payment (see "3. 	Failure to File by Due Date" on b	pack) 32,42 25% pack) 6.48 5%	168,56
12. TOTAL AMOUNT DUE * These amounts must be intrastate only	and must be verifiable.		\$ 720;-
		IDA STATUTES, THE MINIMUM ANN	TIAI~ DDD:IC:026%
AS PROVIDED II	(SECTION 304.330, FLOR		
,	CURRENT	COMPANY STATUS	San
) Reseller	(x) Other: Prepaid Debir	Cond Provided
() Alternate-Operator Service) Rebiller	(x) Other: Traphic Scott	Clare 1760/Care
Control to 101 mg and control to 101 mg		G INFORMATION	
Complete below if billing agent if other than yo	urseli.		i i i
(Name)		(Address: City/State/Zip)	(Telephone)
What is the total amount of customer deposits c	ollected?	What is the to	tal amount of bond held (if applicable)? Expires:
		NY INFORMATION	
Do you lease telecommunications' facilities? If YES, who do you lease these facilities from?	Name:		
Address:			
I, the undersigned owner/officer of the above 4 USie and correct statement. I am aware then porton applies to the porton and the performance of fighter but	re-named company, have read the suant to Section 837.06, Florida S y shall be guilty of a misdemeand	e foregoing and declare that to the best of my kno Statutes, whoever knowingly makes a false statem or of the second degree.	wledge and belief the above information is a ent in writing with the intent to mislead a
OMP	,	PEN	6/3/02
COM (Signature of Company Offici	al)	(Title)	(Date)
		Telephone Number (954) 846 788 F.E.I. No. 650416	7 Fax Number (92 84/ 7889
ECR SENGIO H 12001 GCL (Preparer of Form - Please P	rint Name)	Telephone Pullider (II o I o I	DOCUMENT NUMBER - DATE
OPC MMS (Rev. 11/11/99)		F.E.I. No. 650416	OCOOL HILLON
SEC T			36001 JUN 108
OTH			FRSC-COMMISSION CLERK

Latin American Enterprises, Inc. (THE) Certificate No. 4075, Effective 09/28/95

Year	Fee	Penalty	Interest	Notes
2000	N/A	\$2.50	\$0.50	Payment was due 01/30/01. The company's payment for the RAF was postmarked 01/31/01, leaving a balance of \$3.00.
2001				Payment was due 01/30/02. Our records do not show record of payment. NOTE: I did not include the totals due for 2001 because the RAF is .0015% of a company's total intrastate revenues OR \$50.00, whichever is greater. Statutory penalty and interest charges are applicable.
Total		\$2.50	\$0.50	Total: \$3.00