

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

Interexchange Company Regulatory Assessment Fee Return 030000-Pu

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ641-02-0-R
Pan American Telecom, Incorporated.
 1606 Nanette Court
 Lake Worth, FL 33461-6145

DSAS APR 28 2003

FOR PSC USE ONLY

Check# 582

\$ 50.00 0603001
 \$ 7.50 P 003001
 \$ 1.50 0603001
 004011

Postmark Date 4/23/03
 Initials of Preparer MC

PERIOD COVERED:
 06/26/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1	Long Distance Services	\$ 0	\$ 0
2	Access Services	0	0
3	Private Line Services	0	0
4	Leased Facilities & Circuits Services	0	0
5	Miscellaneous Services	0	0
6	TOTAL Telephone Services	\$ 0	\$ 0
7	LESS Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)	(0)
8	TOTAL REVENUES For Regulatory Assessment Fee Calculation	0	0
9	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	0	0
10	Penalty for Late Payment (see "3 Failure to File by Due Date" on back)	0	0
11	Interest for Late Payment (see "3 Failure to File by Due Date" on back)	0	0
12	TOTAL AMOUNT DUE	0	0

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC T
- OTH _____

* 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) _____
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What is the total amount of customer deposits collected?
 Amount \$ 0 for 2002

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.

Timothy G. Mouton CEO 1/13/03
 (Signature of Company Official) (Title) (Date)

Timothy G. Mouton
 (Preparer of Form - Please Print Name)

Telephone Number (661) 588-1121 Fax Number (661) 588-4474
 F.E.I. No 02 0560288 DOCUMENT NUMBER DATE

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