

# ORIGINAL

RECEIVED-FPSC

03 NOV 17 AM 10:58

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<table border="1"><tr><td data-bbox="875 766 1214 819">A. Received by (Please Print Clearly) <i>Izquierdo</i></td><td data-bbox="1214 766 1395 819">B. Date of Delivery <b>13 NOV 2003</b></td></tr><tr><td data-bbox="875 819 1214 915">C. Signature <i>[Signature]</i></td><td data-bbox="1214 819 1395 915"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td colspan="2" data-bbox="875 915 1395 968">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td></tr></table>	A. Received by (Please Print Clearly) <i>Izquierdo</i>	B. Date of Delivery <b>13 NOV 2003</b>	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No					
A. Received by (Please Print Clearly) <i>Izquierdo</i>	B. Date of Delivery <b>13 NOV 2003</b>										
C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee										
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No											
1. Article Addressed to: <b>030831</b>											
Stel International, Inc. Mr. Alejandro Ulloa 201 South Biscayne Blvd., Suite 2800 Miami FL 33131-4330	<table border="1"><tr><td colspan="2">3. Service type</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail</td><td><input type="checkbox"/> Express Mail</td></tr><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td><input type="checkbox"/> C.O.D.</td></tr><tr><td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td></tr></table>	3. Service type		<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
3. Service type											
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail										
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise										
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.										
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes											
2. Article Number (Transfer from service label)	<b>7002 0860 0001 1758 6979</b>										
PS Form 3811, March 2001	Domestic Return Receipt 102595-01-M-1424										

AUS \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
OPC \_\_\_\_\_  
WMS \_\_\_\_\_  
SEC   I    
OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

**11479 NOV 17 03**

FPSC-COMMISSION CLERK