	, •			4	90 8
S	$\succ$	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY	7 = 7
I PM 2:3	FRK SS - 7	<ul> <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 space permits.</li> </ul>	A. Received by (Please Print Clearly)	Date of Delivery	
			°C. Signature	☐ Agent	MENT NUMBER
06 JAN 1		1. Article Addressed to: 050 6 25.	D. Is delivery address different from item If YES, enter delivery address below:		DOCUMENT 0 0 2 8
	O N	TELECUBA, INC. P. O. Box 10469 Miami 233101-0469	3. Service Type ☐ Certified Mail ☐ Express Mail		
		PAA	☐ Registered ☐ Return Receip☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)	t for Merchandise	
		2. Article Number		Li fes	047J82004132
	State of Florida PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424  PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424			<b>\$ 04.65</b> <sup>0</sup>	
				11/21/2005 Mailed From 32399	
	2540 Shumard Oak Boulevard 7004 1160 0004 5750 7339				US POSTAGE
	Tallahassee, Florida 3239	$\mathcal{L}$	Mi	Thy //	1-23.05
		TELECUBA, INC. P. O. Box 10469 Miami FL 33101-0469		NOV	2 8 2005
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	n de de Mayo	33101 <u>+9468</u> # <b>68</b> # <b>8</b> 8# <b>2</b> 0	hallandahalandahalandahal	III	

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