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 FILE COPY**

Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 when a "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. Additional fees for the following services are available. Consult postmaster for full details. (Additional services requested.)

Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: LA NUEVA ESTRELLA RESTAURANT. INC. ATTN: ROBERT S. FARAS 1050 EAST 8th AVENUE MIAMI, FL 33010-3755	4. Article Number 78842 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
Signature _____ <small>Signature of Agent</small>	5. Addressee's Address (ONLY if requested and fee paid).
6. Date of Delivery 5/10/91	

PS Form 3811, Apr 1989 425-020-000-010 **DOMESTIC RETURN RECEIPT**

DOCUMENT NUMBER-DATE
 04715 MAY 13 1991
 PSC-RECORDS/REPORTING

ANNUAL
PAY TELEPHONE SERVICE REPORT

1. Certificate Number _____
2. Certificate Holder
Name _____
Address _____
3. Individual Responsible for contact
Name _____
4. Number of instruments in place December 31, 198_ _____
5. Currently providing service Yes _____ No _____
6. If the answer to question number 5 is no what was the last date that
service was provided _____
7. If the answer to question 5 is no what are your plans for providing
service in the future.

Return to: Florida Public Service Commission
Division of Communications
101 East Gaines Street
Tallahassee, Florida 32399-0866