

FILED 6/4/2020  
DOCUMENT NO. 02928-2020  
FPSC - COMMISSION CLERK

Local Telephone Service Provider Regulatory Assessment Fee Return

Total \$ 1744.00 (1,000 Fine)

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
1/1/2019 TO 12/31/2019

(See Filing Instructions on Back of Form)

TA063-19-T-0-R  
Latin American Nautilus U.S.A. Inc.  
200 South Biscayne Blvd., Suite 4400  
Miami, FL 33131-2303  
**DATE DEPOSIT**  
JUN 07 2020 366  
KR

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**  
Check # 11899  
\$ 600.00 06-03-001 003001  
\$ E  
\$ 120.00 P 06-03-001 004011  
\$ 24.00 I  
Postmark Date 5-28-20  
Initials of Preparer RR

(Name of Company) (Address) (City/State) (Zip)

DKT #: 20200133

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ _____	\$ _____
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	27,694,701.03	_____
5.	<b>TOTAL REVENUES</b>	\$ 27,694,701.03	_____
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>	_____	_____
7.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	\$ _____
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) <sup>(2)</sup>	_____	600.00
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	1,120.00
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	24.00
11.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
12.	<b>TOTAL AMOUNT DUE</b> (Add lines 8 through 11)	_____	\$ 1,744.00

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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 official duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
(Signature of Company Official)  
190R LORENZON  
(Preparer of Form - Please Print Name)

\_\_\_\_\_  
(Title)  
CFO

\_\_\_\_\_  
(Date)  
5/27/2020

Telephone Number (786) 425 2460 Fax Number (786) 425 2455

F.E.I. No. 65-1118500