

98180

ACK _____
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 SEC H _____
 WAS _____
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SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the multiple below the article number.
 This Return Receipt will allow to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

Jorge Zubizarreta
 2320 S.W. 57th Avenue, Suite 203
 Miami FL 33155

5. Receive

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-0069

TALLAHASSEE FL 32309
 PM 25 JAN 99
 RECEIVED
 Mailed, Left No Address
 Mailed, Not For Return
 No Such Number
 Cut off Public Mail
 No Postage
 No Postage
 No Postage

Jorge Zubizarreta
 2320 S.W. 57th Avenue, Suite 203
 Miami FL 33155



DOCUMENT NUMBER DATE

16 FEB -1 99

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