

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

November 28, 2000

Mr. Augusto G. Casamayer
London Platers, Inc.
1080 East 24th Street
Hialeah, Florida 33013

Re: Facility No.: 0250717-002

Dear Mr. Casamayer:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on October 20, 2000.


Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <p style="text-align: center;">London Platers, Inc.</p>
2. Site Name (For example, plant name or number): <p style="text-align: center;">SAME AS ABOVE</p>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1080 E 24 st. City: Hialeah County: Dade Zip Code: 33013
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p style="text-align: right;">OR 50714-002</p>

Responsible Official

6. Name and Title of Responsible Official: Name: Augusto Casamayor Title: President
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 691-3472 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <p style="text-align: center;">SAME AS ABOVE</p>
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - SAME AS ABOVE Fax: () -

Facility Information

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

HARD CHROMIUM PLATING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator
 WA = wetting agent

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
#1 Dec. 16 '93	New/Existing	16 DEC '93	FS/WA	$\gamma = 45 \text{ dynes/cm}$
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

PBS = packed-bed scrubber
CMP = composite mesh pad
PBS/CMP = packed-bed scrubber and composite mesh pad
FS = fume suppressant only
FS/WA = fume suppressant with a wetting agent
FM = fiber-bed mist eliminator
WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm
y = 45 dynes/cm
z = records of bath components
(trivalent Cr tanks only)
c = alternative standard for multiple tanks
under common control

2. Indicate the date by which the facility must meet the requirements of paragraph (5) of Part II:
(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

4. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration
(used during initial performance test) | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input checked="" type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input type="checkbox"/> | | |

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:

No DEP air permits currently exist for the operation of the facility indicated in this notification form.


Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

AUGUSTO G. CASANAYOR

Print name of responsible official



Signature

11-3-00
Date

RECEIVED
NOV 1 2 2000
Bureau of Air Quality
& Mobile Sources

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): LONDON PLATERS, INC.
2. Site Name (For example, plant name or number): SAME AS ABOVE
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 1080 EAST 24th STREET Street Address: City: HALEAH County: DADE Zip Code: 33013
5. Facility Identification Number (DEP Use): 0250717-00

Responsible Official

6. Name and Title of Responsible Official: AUGUSTO G. Casamayer DAVID F. LONDON, PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME AS ABOVE City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 691-3472 Fax: () -

RECEIVED
OCT 20 2000
Bureau of Air Monitoring
& Mobile Sources

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () - SAME AS ABOVE

RECEIVED
AUG 26 1996

Facility Information

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

HARD		CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)

None

Key for Control Device Type

- PBS = packed-bed scrubber
- CMP = composite mesh pad
- PBS/CMP = packed-bed scrubber and composite mesh pad
- FS = fume suppressant only
- FS/WA = fume suppressant with a wetting agent
- FM = fiber-bed mist eliminator

Applicable Standard Key

- a = 0.03 mg/dscm
- b = 0.015 mg/dscm
- c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
#1 DEC. CHROME	16 DEC 93	16 DEC 93	FS/WA	x = 0.01 mg/dscm y = 45 dynes/cm

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

x = 0.01 mg/dscm
 y = 45 dynes/cm
 z = records of bath components (trivalent Cr tanks only)
 c = alternative standard for multiple tanks under common control

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | |
|---|--|
| <input checked="" type="checkbox"/> (a) Equipment maintenance | <input type="checkbox"/> (b) Equipment inspection and repair |
| <input checked="" type="checkbox"/> (c) Equipment malfunctions | <input type="checkbox"/> (d) Operation and maintenance checklist |
| <input type="checkbox"/> (e) Instrument calibration | <input checked="" type="checkbox"/> (f) Start-up, shutdown, malfunction plan |
| <input checked="" type="checkbox"/> (g) Performance test results | <input type="checkbox"/> (h) Equipment monitoring |
| <input checked="" type="checkbox"/> (i) Excess emissions | <input checked="" type="checkbox"/> (j) Operating periods |
| <input type="checkbox"/> (k) Rectifier capacity | <input checked="" type="checkbox"/> (l) Fume suppressant records |
| <input type="checkbox"/> (m) Purchase records of wetting agent components | |

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

David F. Jordan, President
Signature

August 23rd, 1996
Date

Manuwaya, President

Sept 18, 2000

METROPOLITAN DADE COUNTY, FLORIDA



Department of Environmental Resources Management
33 S.W. 2nd Avenue
Miami, FL. 33130-1540

RECEIVED
NOV - 6 2000
Bureau of Air Monitoring
& Mobile Sources

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SEND TO:

Name: RICK Butler

Company/Department: FDEP

Phone Number: 850 - 921 - 9586

Fax Number: 850 - 922 - 6979

Message: IF anything else is needed
give me a call and let
me know.
Dave

FROM:

Name: JUAN FANNIN

Division/Section: AR FACILITIES

Phone Number: 305 - 372 - 6922

Fax Number: (305) 372-6954

Date: 11 - 3 - 00

Number of Pages (including this one): 5

**CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM**

Part III Notification of Intent to Use General permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	London Platers, Inc.		
2. Site Name (For example, plant name or number):	SAME AS ABOVE		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	1080 E 24 st.		
Street Address:			
City:	Hialeah	County:	Dade
		Zip Code:	33013
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Augusto Casamayor	Title: President
7. Responsible Official Mailing Address:		
Organization/Firm:	SAME AS ABOVE	
Street Address:		
City:		County: Zip Code:
8. Responsible Official Telephone Number:		
Telephone:	(305) 691 - 3472	Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE	
10. Facility Contact Address:		
Street Address:	SAME AS ABOVE	
City:		County: Zip Code:
11. Facility Contact Telephone Number:		
Telephone:	()	Fax: ()
	SAME AS ABOVE	

Facility Information

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

HARD CHROMIUM PLATING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

- PBS = packed-bed scrubber
- CMP = composite mesh pad
- PBS/CMP = packed-bed scrubber and composite mesh pad
- FS = fume suppressant only
- FS/WA = fume suppressant with a wetting agent
- FM = fiber-bed mist eliminator
- WA = wetting agent

Applicable Standard Key

- a = 0.03 mg/dscm
- b = 0.015 mg/dscm
- c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
11 Dec 16 93	New/Existing	16 DEC 93	FS/WA	V = 45 dpaes/cm
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
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 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator
 WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm
 y = 45 dynes/cm
 z = records of bath components
 (trivalent Cr tanks only)
 c = alternative standard for multiple tanks
 under common control

2. Indicate the date by which the facility must meet the requirements of paragraph (5) of Part II:
 (Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

- The facility will conduct an initial performance test
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

4. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration
(used during initial performance test) | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input checked="" type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input type="checkbox"/> | | |

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are: _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

AUGUSTO G. CASANAYOR
Print name of responsible official


Signature

11-3-00
Date



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

February 22, 2002

Mr. Augusto G. Casamayor
1080 East 24 Street
Hialeah, Florida 33013

Dear Mr. Casamayor:

Thank you for your note informing the Division of Air Resource Management of the sale of your facility, London Platers, Inc. We received your note on February 22. Our database has been changed to reflect London Platers, Inc.'s status change.

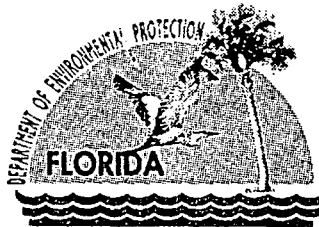
The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that London Platers, Inc. (AIRS ID #0250717) was operational in **2001**, the fee is now due.

Please call me at 850/921-9583, if you have any questions pertaining to your facility and the Title V General Permit program.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

SB/



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

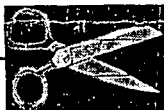
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

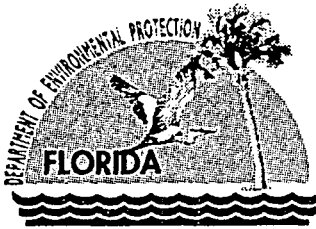
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250717

LONDON PLATERS INC
AUGUSTO G CASAMAYOR
1080 EAST 24TH STREET
HIALEAH FL
33013

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
February 06, 2002

David B. Struhs
Secretary

NOTICE OF ANNUAL EMISSIONS FEE
VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual emissions fee is \$50 for calendar year **2001**. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by **March 1, 2002**, may be subject to a 50 percent penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

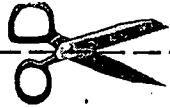
Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

Enclosure: Invoice Form

"More Protection, Less Process"



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402029

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250717
LONDON PLATERS INC AUGUSTO G CASAMAYOR 1080 EAST 24TH STREET HIALEAH FL 33013

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

PP
RECEIVED
MAIL ROOM
JAN - 8 01



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

415344 MAR22 2002

TOTAL AMOUNT DUE: \$50.00

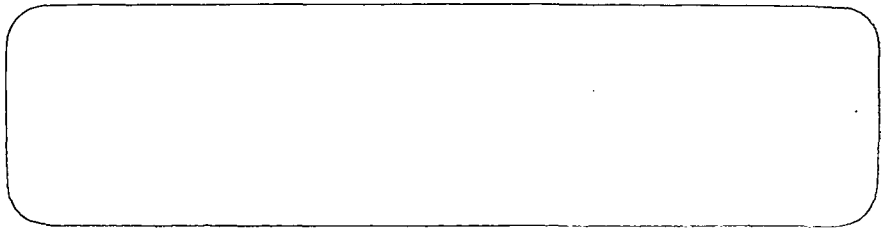
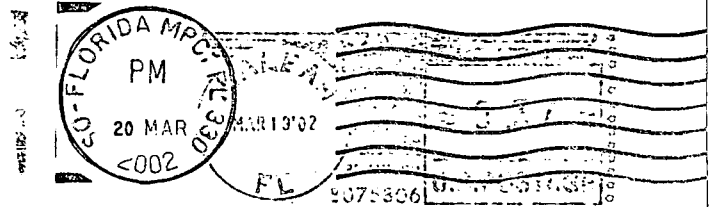
Do **NOT** Remove Label

AIRS ID # 0250717
LONDON PLATERS INC
AUGUSTO G CASAMAYOR
1080 EAST 24TH STREET
HIALEAH FL
33013

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

AC
GRAPHICS.

1056 East 24 Street
Hialeah, FL 33013-4324



9999+2400 01

Intelligent Mail barcode

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 1640

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

AIRS ID # 0250717

Sent to
 Street, or PO
 City, State
 PS Form

LONDON PLATERS INC
 AUGUSTO G CASAMAYOR
 1080 EAST 24TH STREET
 HIALEAH FL
 33013

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250717
 LONDON PLATERS INC
 AUGUSTO G CASAMAYOR
 1080 EAST 24TH STREET
 HIALEAH FL
 33013

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Pat Huff Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. 7001 0320 0001 7976 1640