

031134-TX

APPLICATION

1. This is an application for (check one):

- Original certificate (new company).
- Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
- Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Nigerian-American Investment Corporation

3. Name under which the applicant will do business (fictitious name, etc.):

NAIC Telecommunications

4. Official mailing address (including street name & number, post office box, city, state, zip code):

20401 NW 2nd Avenue
Suite 205
Miami, FL 33169

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5. Florida address (including street name & number, post office box, city, state, zip code):

SAME

6. Structure of organization:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

7. If individual, provide:

Name: n/a _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

P02000134842

9. **If foreign corporation, provide proof of authority to operate in Florida:**

(a) The Florida Secretary of State corporate registration number:

n/a

10. **If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:**

(a) The Florida Secretary of State fictitious name registration number:

G03329900177

11. **If a limited liability partnership, provide proof of registration to operate in Florida:**

(a) The Florida Secretary of State registration number:

n/a

12. **If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.**

Name: n/a

Title:

Address:

City/State/Zip:

Telephone No.:

Fax No.:

Internet E-Mail Address:

Internet Website Address:

13. **If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.**

(a) The Florida registration number: n/a

14. **Provide F.E.I. Number(if applicable):** 03-0500343

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

_____ none _____

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

_____ none _____

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Mark Long
Title: _____
Address: 2710 Neuchatel Drive
City/State/Zip: Tallahassee, FL 32303
Telephone No.: 850-562-9451 Fax No.: _____
Internet E-Mail Address: longtelecom@comcast.net
Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: Andrew Osolase
Title: President
Address: 20401 NW 2nd Avenue, Suite 205
City/State/Zip: Miami, FL 33169
Telephone No.: (305) 651-1500 Fax No.: _____

Internet E-Mail Address: andrewosolase@aol.com
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Andrew Osolase
Title: President
Address: 20401 NW 2nd Avenue, Suite 205
City/State/Zip: Miami, FL 33169
Telephone No.: (305) 651-1500 Fax No.: _____

Internet E-Mail Address: andrewosolase@aol.com
Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

none

(b) has applications pending to be certificated as an alternative local exchange company.

none

(c) is certificated to operate as an alternative local exchange company.

none

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

none

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

none

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

none

18. Submit the following:

A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

See attached resume

B. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

The Company is deferring all technical maintenance to the underlying carriers with which they develop agreements.

C. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

See attached financial statement

THIS PAGE MUST BE COMPLETED AND SIGNED

APPLICANT ACKNOWLEDGMENT STATEMENT

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.

- 2. APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Andrew Osolase
Print Name

President
Title

(305) 651-1500
Telephone No.


Signature

12/17/2003
Date

Fax No.

Address: 20401 NW 2nd Avenue

Miami, FL 33169

THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Andrew Osolase

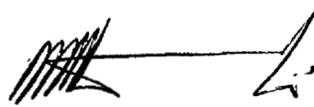
Print Name

President

Title

(305) 651-1500

Telephone No.



Signature

12/17/2003

Date

Fax No.

Address: **20401 NW 2nd Avenue**

Miami, FL 33169

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____
(Title) _____ of (Name of Company)

and current holder of Florida Public Service Commission Certificate Number # _____
_____, have reviewed this application and join in the petitioner's request for a:

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Print Name

Signature

Title

Date

Telephone No.

Fax No.

Address: _____

ANDREW U. OSOLASE

RESUME OF QUALIFICATIONS

10101 N.W. Miami Court
Miami Shores, Florida 33150

Telephone (305) 751-3144
Work (305) 651-1500

QUALIFICATIONS SUMMARY

Fully developed assessment and analysis skills...
Demonstrated problem solving abilities... Fully
Knowledgeable in banking operations and Mortgage
Loans originations, processing and closing...
Highly organized... Customer service oriented...
Dependable... Conscientious... Able to work
independently.

PROFESSIONAL EDUCATION

Florida Memorial College, Miami, Florida
B.S., 1980

Miami-Dade Community College, Miami, Florida
Specialized Banking program sponsored and taught by
The American Institute of Banking Including the
following: Principles of Accounting 1 & 11, Bank
Controls and Auditing, Consumer Lending, Computer
Programming, Lotus 123, DBase 111, Framework, Symphony,
WordPerfect, Wordstar, MS/DOS and Financial Statement
Analysis.

PROFESSIONAL EXPERIENCE

- 1992 To Present PRESIDENT
Active Mortgage Corporation, Miami, Florida
- 1989 To 1992 PRODUCTION MANAGER
Titan, A Mortgage Corporation, Hialeah, Florida
Mortgage Loans Origination and Supervision of Loan
Officers and Processors.
- 1981 To 1989 SENIOR VAULT TELLER
Florida National Bank, Miami, Florida
First Union National Bank, Miami, Florida
Oversaw southeast regional coin collection center,
servicing Bank branches from Miami to Palm Beach.
Supervised Staff of 9 who verified and sorted
approximately \$1,000,000.00 per week in coins.
Customers included The Florida Turnpike Authority,
The Department of off-Street Parking, Southern Bell,
Peoples Telephone Company, Coca Cola and Pepsi Cola.
Supervised ATM processing.

1978 To 1980

FIELD SUPERVISOR

Burns International Security Services, Miami, Florida
Protected personnel and property for the Florida
National Bank's Operation Center. Supervised staff of
12. Provided payroll security. Scrutinized employee
I.D. to assure they are valid. Dealt with the general
public.

1976 To 1978

ELECTRONICS SALES CLERK

Woolco Department Store, Miami, Florida
Assessed customer needs and sold products to meet
them. Made presentations to accentuate the most
saleable features of the product. Developed many
trusting clientele through emphasizing service.

REFERENCES

Available upon request.

**NIGERIAN-AMERICAN INVESTMENT CORPORATION
d/b/a NAIC TELECOMMUNICATIONS**

STATEMENT OF FINANCIAL CAPABILITY

The Nigerian-American Investment Corporation d/b/a/ NAIC Telecommunications (NAIC or the Company) was incorporated earlier this year, and therefore does not possess any annual financial statements. The Company is initially funding itself through investments by its shareholders. NAIC has sufficient financial capability to provide enough startup capital initially operate the business (see attached bank statement). The Company expects a net profit of \$15,000 within the first six months. The startup capital and the anticipated net profit will be sufficient funds to meet the Company's lease and/or ownership obligations.

I affirm that all financial statements made in this application are, to the best of my knowledge and ability, true and correct.

Andrew Osolase
President
Nigerian-American Investment Corporation
20401 NW 2nd Avenue
Suite 205
Miami, FL 33169



Signature

12/17/2003

Date



Business High Performance Money Market

01 2000015630269 036 130 0 31 30,612

00011995 1 AV 0.278 02 5DG 60

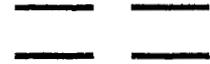


NIGERIAN-AMERICAN INVESTMENT CORPORATION
20401 NW 2ND AVE STE 205
MIAMI FL 33169

CB

REDACTED

WACHOVIA



Business High Performance Money Market

11/01/2003 thru 11/28/2003

Account number:

Account holder(s): NIGERIAN-AMERICAN INVESTMENT CORPORATION

Taxpayer ID Number:

Account Summary

Opening balance 11/01	\$26,597.04
Deposits and other credits	1,000.00 +
Interest paid	16.81 +
Closing balance 11/28	\$27,613.85

Deposits and Other Credits

Date	Amount	Description
11/06	1,000.00	COUNTER DEPOSIT
11/28	16.81	INTEREST FROM 11/01/2003 THROUGH 11/28/2003
Total	\$1,016.81	

Interest

Number of days this statement period	28
Annual percentage yield earned	0.80%
Interest earned this statement period	\$16.81
Interest paid this statement period	\$16.81
Interest paid this year	\$140.15

Daily Balance Summary

Dates	Amount	Dates	Amount	Dates	Amount
11/06	27,597.04	11/28	27,613.85		



Business High Performance Money Market

01 2000015630269 036 130 0 31 45,739

00017932 1 AT 0.292 02 3DG 71



NIGERIAN-AMERICAN INVESTMENT CORPORATION
20401 NW 2ND AVE STE 205
MIAMI FL 33169

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REDACTED

Business High Performance Money Market

10/01/2003 thru 10/31/2003

Account number: -
Account holder(s): NIGERIAN-AMERICAN INVESTMENT CORPORATION

Taxpayer ID Number:

Account Summary

Opening balance 10/01	\$26,578.98
Interest paid	18.06 +
Closing balance 10/31	\$26,597.04

Deposits and Other Credits

Date	Amount	Description
10/31	18.06	INTEREST FROM 10/01/2003 THROUGH 10/31/2003
Total	\$18.06	

Interest

Number of days this statement period	31
Annual percentage yield earned	0.80%
Interest earned this statement period	\$18.06
Interest paid this statement period	\$18.06
Interest paid this year	\$123.34

Daily Balance Summary

Dates	Amount	Dates	Amount
10/31	26,597.04		



Business High Performance Money Market

01 2000015630269 036 130 0 31 43,130

ACHOVIA

00017324 1 AT 0.292 02 3DG 71



NIGERIAN-AMERICAN INVESTMENT CORPORATION
20401 NW 2ND AVE STE 205
MIAMI FL 33169

CB

REDACTED

Business High Performance Money Market

8/30/2003 thru 9/30/2003

Account number: [REDACTED]
Account holder(s): NIGERIAN-AMERICAN INVESTMENT CORPORATION

Taxpayer ID Number:

Account Summary

Opening balance 8/30	\$27,559.64
Deposits and other credits	500.00 +
Interest paid	19.34 +
Checks	1,500.00 -
Closing balance 9/30	\$26,578.98

Deposits and Other Credits

Date	Amount	Description
9/09	500.00	COUNTER DEPOSIT
9/30	19.34	INTEREST FROM 08/30/2003 THROUGH 09/30/2003
Total	\$519.34	

Interest

Number of days this statement period	32
Annual percentage yield earned	0.80%
Interest earned this statement period	\$19.34
Interest paid this statement period	\$19.34
Interest paid this year	\$105.28

Checks

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
0091	1,500.00	9/24	Total	\$1,500.00				

Daily Balance Summary

Dates	Amount	Dates	Amount	Dates	Amount
9/09	28,059.64	9/24	26,559.64	9/30	26,578.98