** FLORIDA PUBLIC SERVICE COMMISSION **

RECEIVED-FPSC

DIVISION OF COMMUNICATIONS **BUREAU OF SERVICE EVALUATION** 99 JAN -4 PM 4:22

RECORDS AND REPORTING

APPLICATION FORM for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

990013-TX

Instructions

- This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

If you have questions about completing the form, contact:

Florida Public Service Commission **Division of Communications Bureau of Certification and Evaluation** 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

Check received with filling and forwarded to Fiscal for deposit.

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RECEIVED & FILED OF RECORDS DOCUMENT NUMBER-DATE

00057 JAN-48

FPSC-RECORDS/REPORTING

FORM PSC/CMU 8 (ALEC) (6/98) Required by Commission Rule Nos. 25-24.805. 25-24.810, and 25-24.815

APPLICATION

1111	is is an application for √ (check one):
(x) 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.
Nai	must approve the new controlling entity. me of company:
Tel	
Nai sai Offi	me of company: ephone One Inc. me under which the applicant will do business (fictitious name, etc.):
Nai sai Offi zip 855	me of company: ephone One Inc. me under which the applicant will do business (fictitious name, etc.): me as above icial mailing address (including street name & number, post office box, city, stated code):
Nai sai Offi zip 855	me of company: ephone One Inc. me under which the applicant will do business (fictitious name, etc.): me as above icial mailing address (including street name & number, post office box, city, starcode): South West 27th Street
Nai sai Offi zip 855	me of company: ephone One Inc. me under which the applicant will do business (fictitious name, etc.): me as above icial mailing address (including street name & number, post office box, city, stated): South West 27th Street Miami, Florida 33165 rida address (including street name & number, post office box, city, state, zip

Individual (x) Corporation Foreign Corporation () Foreign Partnership General Partnership () Limited Partnership
() Other
ndividual, provide:
me:
e:
dress:
y/State/Zip:
ephone No.: Fax No.:
ernet E-Mail Address:
ernet Website Address:
corporated in Florida, provide proof of authority to operate in Florida:
(a) The Florida Secretary of State corporate registration number: P98000082814
preign corporation, provide proof of authority to operate in Florida:
(a) The Florida Secretary of State corporate registration number:

FORM PSC/CMU 8 (ALEC) (6/98)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815 Page 2 of 11

	(a)	The Florida Secretary of State fictitious name registration number:
11.	if a limi	ted liability partnership, provide proof of registration to operate in Florida:
	(a)	The Florida Secretary of State registration number:
12.	If a part	nership, provide name, title and address of all partners and a copy of the hip agreement.
	Name:_	
	Address	s:
		te/Zip:
	Telepho	one No.: Fax No.:
	Internet	E-Mail Address:
	Internet	Website Address:
13. Iimit	If a for	reign limited partnership, provide proof of compliance with the foreign ership statute (Chapter 620.169, FS), if applicable.
	(a) T	he Florida registration number:
14.	Provid	e <u>F.E. I. Number(</u> if applicable):65-0866624
15. prev	Indicat	e if any of the officers, directors, or any of the ten largest stockholders have sen:
crim expl	(a) adjue, or whe anation.	udged bankrupt, mentally incompetent, or found guilty of any felony or of any other such actions may result from pending proceedings. Provide

	(b) an officer, director, partner or stockholder in any other Florida certificated lephone company. If yes, give name of company and relationship. If no longer ssociated with company, give reason why not.		
6.	Who will serve as liaison to the Commission with regard to the following?		
	(a) The application:		
	Robert Curbelo Name:		
	Title: President		
	Address: 14780 South West 57 Terr		
	City/State/Zip: Miami, Florida 33193		
	Telephone No.: 305-388-6468 Fax No.: 305-388-5654		
	Internet E-Mail Address:RCURBELO@MSN.COM		
	Internet Website Address:		
	(b) Official point of contact for the ongoing operations of the company:		
	Name:Robert Curbelo		
	President Title:		
	Address: 14780 South West 57 Terr		

FORM PSC/CMU 8 (ALEC) (6/98)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815 Page 4 of 11

Telephone No.: 305-388-6468 Fax No.: 305-388-5654 RCURBELO@MSN.COM	_				
Internet E-Mail Address:RCURBELO@MSN.COM					
Internet Website Address:					
(c) Complaints/Inquiries from customers: Robert Curbelo President					
President Title:					
Address: 8855 South West 27 Street					
Address:Miami, Florida 33165 City/State/Zip:					
Telephone No.: 305-266-5796 Fax No.: 305-264-2828					
Internet E-Mail Address: TELEPHONEONE@YAHOO.COM					
Internet Website Address:	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 exchargement. NONE	nge				
(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.
(e)	has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.
(f)	has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.
18. Sub	mit the falls view
121 7.11	mit the following:
	application should contain the applicant's audited financial statements for the nt 3 years. If the applicant does not have audited financial statements, it shall ed.
executive	unaudited financial statements should be signed by the applicant's chief officer and chief financial officer affirming that the financial statements are true and should include:

- the balance sheet:
- 2. income statement: and

FORM PSC/CMU 8 (ALEC) (6/98)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815 Page 6 of 11

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:

- written explanation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
- 2. <u>written explanation</u> that the applicant has sufficient financial capability to maintain the requested service.
- written explanation that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. 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.

** APPLICANT ACKNOWLEDGEMENT STATEMENT **

- 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.
- GROSS RECEIPTS TAX: I understand that all telephone companies must pay a
 gross receipts tax of two and one-half percent on all intra and interstate business.
- SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- APPLICATION FEE: I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIA	L:
-----------------	----

22707		01/03/99	
Signature		Date	
President		305-266-5796	
Title	April profit in the second	Telephone No.	
Address:	8855 South West 27 Street	305-264-2828	
Addioss.	Miami, Florida 33165	Fax No.	

ATTACHMENTS:

- A CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B INTRASTATE NETWORK
- C AFFIDAVIT
 - GLOSSARY

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

(Title)	of (Name of Company)
, have reviewed the	service Commission Certificate Number #is application and join in the petitioner's request fo
a:	
() sale	
() transfer	
() assignment	
of the above-mentioned certificate.	
UTILITY OFFICIAL:	
Signature	Date
Title	Telephone No.
Address:	
	Fax No

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1.	POP: Addresses where lo	cated, and indicate if owned or leased.
	1)	
	3)	4)
2.	SWITCHES: Address whe	re located, by type of switch, and indicate if
	owned or leased.	io locatos, by typo or owner, and maloute in
	1)	2)
	3)	4)
3.	TRANSMISSION FACILITI (microwave, fiber, copper,	ES: POP-to-POP facilities by type of facilities satellite, etc.) and indicate if owned or leased.
	POP-to-POP	OWNERSHIP
	POP-to-POP 1)	OWNERSHIP
		OWNERSHIP
	1)	

FORM PSC/CMU 8 (ALEC) (6/98)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815 Page 10 of 11

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."

Signature		01/03/99
		Date 305-266-5796
President		
Title 8855 South Wes Address:	t 27 Street	Telephone No. 305-264-2828
Miami, Florida	33165	Fax No.
94		

LITH ITY OFFICIAL.

FLORIDA PUBLIC SERVICE COMMISSION **

DEPOSIT

DATE DIVISION OF COMMUNICATIONS JAN 0 5 1999

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APPLICATION FORM

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

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Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

If you have questions about completing the form, contact:

REMOVE THIS STUB BEFORE CASHING 7222442039 DRDER 224420390

TRAVELERS EXPRESS COMPANY, INC.

9 0 BACOLEM

618 (1/97) 500/5000

PO. BOX 9476, MINNEAPOLIS, MIN. 57 PLEASE SEE TERMS ON REVERSE SIDE



November 27, 1998

Re: Roberto Curbelo, Jr.

To Whom It May Concern:

As per our customer's request, it is my pleasure to confirm that the above referenced individual has been a customer of Ready State Bank for more than ten years. During that time, he has had numerous accounts and been granted various facilities. All relationships have been handled in an excellent manner.

In addition, Mr. Curbelo, Jr., is well known by many bank officers and directors. He is known to a man of integrity and high moral character.

If you require any additional information regarding Mr. Curbelo, Jr., please obtain his written authorization and do not hesitate to contact me at the number listed below.

Thank you for your consideration of our valued client.

Very truly yours,

Jorge Triay President & C.E.O.

OCEAN BANK OF MIAMI

ORLANDO BARO
BENIOR VICE-PREBIDENT

November 10, 1998

RE: Roberto Curbelo, Jr. 8855 S.W. 27th Street Miami, Florida 33165

To whom it may concern:

The above referenced has been a customer of Ocean Bank since 1993. He maintains both personal and corporate depository accounts with our institution. In addition, he has a line of credit for low six figures which is currently fully outstanding.

Overall banking relationship has been satisfactory.

Sincerely,

Orlando Baro Senior Vice President

OB/td

Telephone One Inc	one One Inc.
-------------------	--------------

By:

Florida - Price List No. 1 Original Sheet 1

TITLE SHEET

FLORIDA TELECOMMUNICATIONS PRICE LIST

This Price List contains the rules and regulations, service descriptions, and rates applicable to the furnishing of service and facilities for telecommunications services provided by Telephone One, Inc., with principal offices at 8855 South West 27th Street, Miami, Florida 33165. This price list applies for services furnished within the state of Florida. This Price List is on file with the Florida Public Service Commission, and copies may be inspected, during normal business hours, at the Company's principal place of business.

Issued: Effective: _____

By:

CHECK SHEET

Sheets in this Price List are effective as of the date shown at the bottom of the respective sheet(s). Original and revised sheets as named below comprise all changes from the original Price List and are currently in effect as of the date on the bottom of this page.

SHEET	REVISION
1	Original
2	Original
3	Original
4	Original
5	Original
6	Original
7	Original
8	Original
9	Original
10	Original
11	Original
12	Original
13	Original
14	Original
	10.4.0. 4 .0.0.0

Issued: Effective:

TABLE OF CONTENTS

Title Sheet	. 1
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Table of Contents	. 3
Symbols Sheet	. 4
Price List Format Sheets	. 5
Section I- Technical Terms and Abbreviations.	.6
Section 2- Rules and Regulations	.7
Section 3 -Basic Service Description and Rates	13
Section 4- Exemptions and Special Rates	14

Issued: ______ Effective: _____

By:

SYMBOLS SHEET

The following are the only symbols used for the purposes indicated below:

- D Delete or Discontinue
- I Change Resulting In An Increase to a Customer's Bill
- M Moved From Another Price List Location
- N New

By:

- R Change Resulting In A Reduction to a Customer's Bill
- T Change In Text or Regulation But No Change In Rate Or Charge

Issued: _____ Effective: _____

PRICE LIST FORMAT

- A. Sheet Numbering Sheet numbers appear in the upper right comer of the page. Sheets are numbered sequentially. However, new sheets are occasionally added to the Price List. When a new sheet is added between sheets already in effect, a decimal is added. For example, a new sheet added between sheets 14 and 15 would be 14.1.
- B. Sheet Revision numbers also appear in the upper right comer of each page. These numbers are used to determine the most current sheet version on file with Sheet 14 cancels the 3rd revised Sheet 14. Because of various suspension periods, defends, etc. the FPSC follows in their tariff approval process, the most current sheet number on file with the Commission is not always the Price List page in effect. Consult the Check Sheet for the sheet currently in effect.
- C. Paragraph Numbering Sequence There are nine levels of paragraph coding. Each level of coding is subservient to its next higher level.

2. 2.1. 2.1.1. 2.1.1.A. 2.1. I.A.1. 2.1.1,A.1.(a). 2.1.1.A.1.(a).1.(i). 2.1.1.A.1.(a).1.(i).

By:

D. Check Sheets - When a Price List filing is made with the FPSC, an updated check sheet accompanies the Price List filing. The check sheet lists the sheets contained in the Price List, with a cross reference to the current revision number. When new pages are added, the check sheet is changed to reflect the revision. All revisions made in a given filling are designated by an asterisk (*). There will be no other symbols used on this page if these are the only changes made to it (i.e., the format, pages). The Price List user should refer to the latest check sheet to find out if a particular sheet is the most current on file with the FPSC.

Issued:	Effective:

By:

SECTION 1-TECHNICAL TERMS AND ABBREVIATIONS

Company - Telephone One Inc.

Customer - The person, firm or corporation which orders service and is responsible for the payment of charges and compliance with the terms and conditions of this Price List.

LATA - A Local Access and Transport Area established pursuant to the Modification of Final Judgement entered by the United States District Court for the District of Columbia in Civil Action No. 82-O192; or any other geographic area designated as a LATA in the National Exchange Carrier Association Inc. Tariff F.C.C. No. 4.

LEC - (Local Exchange Company) refers to the dominant, monopoly local exchange carrier in an area also served by the Company, e.g., BellSouth Corporation or its subsidiaries.

Premises - The space occupied by a Customer or authorized user in a building or buildings,

Recurring Charges - The monthly charges to the Customer for services, facilities and equipment, which continues for the agreed upon duration of the service.

Service Order - The written request for Telephone One, Inc. services executed by the Customer and the Company in the format devised by the Company. The signing of a Service Order Form by the Customer and acceptance by the Company initiates the respective obligations of the parties as set forth therein and pursuant to this Price List.

User - An Authorized User, Customer or Joint User at whose Premises the Company furnishes interstate common carrier service pursuant to general price list.

Issued:	Effective:

SECTION 2 - RULES AND REGULATION

2.1 Undertaking of Carrier

Carrier is a resale common carrier providing interstate communications services to customers for their direct Transmission and reception of voice, data and other types of telecommunications. This Price List sets forth the service offering, rates, terms and conditions applicable to the furnishing of local exchange telecommunications reseller services provided by Telephone One, Inc. to customers within the State of Florida. Service is available on a full-time basis, 24 hours a day, seven days a week, throughout the State of Florida.

2.2 Application for Service

Customers desiring to obtain service from Telephone One must complete the Company's standard service order form(s).

2.3 Notice

Notice shall be deemed properly given if delivered in person or when deposited with the U.S. Postal Service.

2.4 Payment

By:

The Customer is responsible for the payment of all charges for facilities and services furnished to the Customer or to authorized or joint users.

2.5 Limitations of Service

- 2.5.1 Carrier offers service to all those who desire to purchase service from Carrier consistent with all provisions of this Tariff. Customers interested in Carrier's services shall file a service application with the Carrier which fully identifies the Customer and identifies the services required.
- 2.5.2 Service is offered subject to the availability of the necessary facilities and equipment and subject to the provisions of this Tariff. Carrier reserves the right not to provide service to or from a location where the necessary facilities or equipment are not available.
- 2.5.3 Carrier reserves the right to discontinue furnishing service, upon a written notice, when necessitated by conditions beyond its control, or when Customer is using the service in violation of any provision in this Tariff, the rules and regulations of the Commission, or in violation of the law.
- 2.5.4 Title to the facilities provided by Carrier under these regulations remains with Carrier. Prior written permission from Carrier is required before any assignment or transfer. All regulations and conditions contained in this Tariff shall apply to all such permitted assignees or transferees, as well as all conditions for service.

Issued:	Effective:

2.6 Use of Service

Service may not be used for any unlawful purposes or for any purpose for which Customer receives any payment or other compensation, except when Customer is a duly authorized and regulated common carrier. This provision does not prohibit an arrangement between Customer, authorized user, or joint user to share the cost of the service, as long as the arrangement generates no profit for any participant in the arrangement.

2.6.1 Minimum Service Period

The minimum period of service is three months (90 days), unless otherwise stated in this Tariff.

2.7 Liability

- 2.7.1 The liability, if any, of the Company arising out of or in any way corrected with any defect, error. omission, delay, interruption, suspension or other failure in connection with furnishing service or facilities shall, unless otherwise provided in the schedules, be in an amount not in excess of the charge for the service or facility involved for the period during which the defect, error, omission, delay interruption, suspension or other failure continues.
- 2.7.2 The Carrier shall not be liable for errors in transmitting, receiving or delivering oral messages by telephone over the lines of the Company and its connecting companies in view of the possibility of errors and the impossibility of fairly fixing the cause.

2.8 Interruption of Service

2.8.1 Credit allowance for interruption of service, which is not due to the negligence of Customer, or to the failure of channels, equipment, and or communications systems provided by Customer and other carriers are subject to the general liability provisions set forth in Section 2.7 herein. It shall be the obligation of Customer to notify Carrier immediately of any interruption in service for which Customer desires a credit allowance. Before giving such notice, Customer shall ascertain that the trouble not being caused by action or omission of Customer within its control, or is not in wiring or, equipment, if any, furnished by Customer and connected to Carrier's terminal.

2.9 Responsibility of Customer

- 2.9.1 Customers assume general responsibilities in connection with the provisions and use of Carrier's service. When facilities, equipment, and/or communications systems provided by others are connected to Carrier's facilities, Customer assumes additional responsibilities. Customers are responsible for the following:
 - A. Customer is responsible for placing orders for service, paying all charges for service rendered by Carrier, and complying with all of Carrier's regulations governing the service. Customer is also responsible for assuring that its users comply with Commission regulations.
 - B. Customer may not have any long distance charges (including calling card charges) billed to their home telephone number. Customer is responsible for the payment of any long distance or toll charges (e.g., 800, 900, or 976) billed to Customer's telephone number. A \$5.00 penalty will be assessed for each long distance call billing.

	24.02
Issued:	Effective:
D	
By:	

2.9 Responsibility of Customer (continued)

- C. When placing an order for service, Customer must provide:
 - 1. the name(s) and address(es) of the person(s) responsible for the payment of service charges; and
 - 2. the name(s), telephone number(s), and address(es) of Customer-contact person(s).
- D. Customer must pay Carrier for the replacement or repair or Carrier's equipment when the damage results from:
 - 1. the negligence or willful act of Customer or user;
 - 2. improper use of service; or
 - 3. any use of equipment or service provided by others.

2.9.2 Availability of Service for Maintenance. Testing and Adjustment

Upon reasonable notice, the facilities provided by Carrier shall be made available to Carrier for such tests and adjustments as may be necessary to maintain them in a satisfactory condition. No interruption allowance will be granted for the time during which such tests and adjustments are made.

2.9.3 Credit Allowances

By:

Credit for failure of service or equipment will be allowed only when failure is caused by or occurs in facilities or equipment owned, provided and billed for, by Carrier.

- A. Credit allowances for failure of service or equipment starts when Customer notifies Carrier of the failure or then Carrier becomes aware of the failure and ceases when the operation has been restored and an attempt has been made to notify Customer.
- B. Customer shall notify Carrier of failures of service or equipment and make reasonable attempts to ascertain that the failure is not caused by customer provided facilities, any act, or omission of Customer or in wiring or equipment connected to the terminal.
- C. Only those portions of the service or equipment disabled will be credited, No credit allowances will be made for:
 - interruptions of service resulting from Carrier performing routine maintenance;
 - interruptions of service for implementation of a customer order for a change in the service.
 - interruptions caused by negligence of Customer or his authorized user; or
 - interruptions of service because of the failure of service or equipment provided by Customer, authorized user, or other carriers.

Issued:	Effective:

2.9.4 Cancellation by Customer

- Customer may cancel service any time after meeting the minimum service period.
- B. If Customer orders service requiring special facilities dedicated to Customer's use and then cancels the order before the service begins, before completion of the minimum service period, or before completion of some other period mutually agreed upon by Customer and Carrier, a charge will be made to Customer for the non-recoverable portions of expenditures or liabilities incurred expressly on behalf of Customer by Carrier and not fully reimbursed by installation and monthly charges. If, based on the order, any construction has either begun or been completed, but no service provided, the non-recoverable cost of such construction shall be borne by Customer. Such charge will be determined on a case-by-case basis.

2.9.5 Payment and Charges for service

- A. Charges for service are billed on the 15th of each month for the following month's service. All payments are due on the first of each month. Accounts not paid in full by the fifth of the month will be disconnected. Service continues to be provided until canceled by Customer or by Carrier in accordance with provisions of this Tariff A Customer may pay for multiple months of service if paid on the first of the month to the Carrier.
- B. The Customer is responsible for payment of all charges for service furnished to Customer, including, but not limited to, all calls originated at Customer's number(s); received at Customer's number(s); billed to Customer's number(s) via third-party billing; incurred at the specific request of Customer; or placed using a calling card issued to Customer. The initial billing may include the account set-up charge where applicable. Charges based on actual usage during a month will be billed monthly in arrears. All fixed monthly and non-recurring charges for services ordered will be billed monthly in advance. In the event of nonpayment of charges, Customer must reimburse Carrier for all costs, including attorneys' fees, for the collection for any unpaid amounts,
- Restoration of service will be subject to all applicable installation charges.
- Customer is liable for all costs associated with collecting past due charges, including all collection or attorneys' fees.

2.9.6 Application of Charges

The charges for service are those in effect for the period that service is furnished. If the charge for a service covered by a bill changes after the bill has been rendered, the bill will be adjusted to reflect the new charges.

2.10 Taxes

By:

Customer will be billed and is responsible for payment of applicable local, state, and federal taxes, including federal subscriber line charges, assessed in conjunction with service used.

Issued:	Effective:

2.11 Responsibility of Carrier

2,11.1 Calculation of Credit Allowance

Pursuant to limitations set forth in Section 2.8, when service is interrupted the credit allowance will be computed on the following basis:

- A. No credit shall be allowed for an interruption of less than two hours.
- Customer shall be credited for an interruption of two hours or ore for as long as the interruption continues,
- C. When a minimum usage charge is applicable and Customer fails to meet the minimum usage charge because of a service interruption, a credit shall be applied against that minimum usage charge in the following manner. For each period of two hours that the interruption continues the credit shall equal 1/360th of the monthly minimum charge. Note: in this instance a fractional period of more than one hour shall be treated as a two hour period.
- D. If notice of a dispute as to charges is not received in writing by Carrier within 30 days after billing is received by the Customer, the invoice shall be considered correct and binding on the Customer, unless extraordinary circumstances are demonstrated.

2.11.2 Cancellation of Credit

By:

Where Carrier cancels a service and the final service period is less than the monthly billing period, a credit will be issued for any amounts billed in advance, prorated at 1/30th of the monthly recurring charge for each day after the service was discontinued. This credit will be issued to Customer or applied against the balance remaining on Customer's account.

211.3 Disconnection of Service by Carrier

Carrier may discontinue service or cancel service without incurring any liability for any of the following reasons:

- A. After ten days written notices, in the event of a violation of any regulation governing the service under this Tariff
- Without notice, in the event of a violation of any law, rule, or regulation of any government authority having jurisdiction over the service;
- C. Without notice in the event Carrier is prohibited from furnishing services by order of a court or other government authority having jurisdiction;
- D. In the event of fraudulent use of Carrier's network, Carrier will discontinue service and/or seek legal recourse to recover all costs involved in enforcement of this provision; or
- E. Customer has not paid their bill in full by the 5th of the month.

Issued:	Effective:

2.11.4 Fractional Charges

Charges for a factional part of a month are calculated by counting the number of days remaining in the billing period after service is furnished. Divide that number of days by 30 days (billing period). The result is then multiplied by the applicable monthly service charge to arrive at the appropriate fractional monthly service charge.

2.12 Restoration of Service

The use and restoration of service in emergencies shall be in accordance with the priority system specified in Part 64, Subpart D of the Rules and Regulations of the Federal Communications Commission.

2.13 Start of Billing

For billing purposes, the start of service is the day following acceptance by Customer of Carrier's service or equipment. The end of service date is the last day of the minimum notification of cancellation or any portion of the last day, after receipt by Carrier of notification of cancellation as described in Section G (3) of this Tariff.

2.14 Interconnection

- 2.14.1 Service furnished by Carrier maybe interconnected with services or facilities of other authorized communications common carriers and with private systems, subject to the technical limitation established by Carrier. Service furnished by Carrier is not part of a joint undertaking with such other carriers. Any special interface equipment or facilities necessary to achieve compatibility between the facilities of Carrier and other participating carriers shall be provided at Customer's expense.
- 2,14.2 Interconnection with the facilities or services of other carriers shall be under the applicable terms and conditions of the other carriers' Tariffs. Customer is responsible for taking all necessary legal steps for interconnecting its Customer-provided terminal equipment or communications systems with Carriers' facilities. Customers shall secure all licenses, permits, rights-of-way, and other arrangements necessary for such interconnections.

Issued:	Effective:

By:

SECTION 3- DESCRIPTION OF SERVICES AND RATES

3.1.1 Description of Services

Prepaid Local Service

Prepaid Local Service is a Service which is available for access by residential and business subscribers on a full time basis, It consists of dialtone and access for unlimited local calls, 911 calls and relay services. The Service does not include any long distance service or other toll services. The following types of calls may be blocked by Carrier: direct dial long distance; collect calls; third-number billed calls; and 900 and 976 calls. Customers who desire this service may be authorized for service by providing payment by an approved credit card, cash, or approved check. Service will be charged on a monthly basis, and upon payment, a customer will have unlimited use of the aforementioned service for that month.

Price for Service per month

\$49.99
\$ 5.00
\$ 5.00
\$10.00
\$ 3.00
\$10.00
\$ 3,50

Service Connection Fee \$39.99

Issued:	Effective:
BY:	

SECTION 4 - EXEMPTIONS AND SPECIAL RATES

4.1 Discounts for Hearing Impaired Customers

A telephone toll message which is communicated using a telecommunications device for he deaf (TDD) by properly certified hearing or speech impaired persons or properly certified business establishments or individuals equipped with TDDs for communicating with hearing or speech impaired persons will receive, upon request, credit on charges for certain intrastate toll calls placed between TDDs. The credit to be given on a subsequent bill for such calls placed between TDDs will be equal to applying the evening rate during business day hours and the night/weekend rate during the evening rate period. Discounts do not apply to surcharges or per call add on charges for operator service when the call is placed by a method that would normally incur the surcharge.

For intrastate toll calls received from the relay service, Telephone One, Inc. will discount relay service calls by 50 percent off of the otherwise applicable rate for a voice nonrelay call except that were either the calling or called party indicates that either patty is both hearing and visually impaired, the call shall be discounted 60 percent off of the otherwise applicable rate for a voice nonrelay call. The above discounts apply only to time-sensitive elements of a charge for a call and shall not apply to per call charges such as a credit card surcharge, In case of a Price List which includes either a discount based on the number of minutes or the purchase of minutes in blocks, the discount should be calculated by discounting the minutes of relay use before the Price List rate is applied.

4.2 Operator Assistance for Handicapped Persons

Operator station surcharges will be waived for operator assistance provided to a caller who identified him or herself as being handicapped and unable to dial the call because of a handicap.

4.3 Directory Assistance for Handicapped Persons

There is no charge for Directory Assistance for calls from handicapped persons. Such persons must contact The Company for credit on their directory assistance calls.

Issued:BY:	Effective:

Robert Curbelo, Jr.

Telephone: (305) 382-3534, Pager: 263-0000

Résumé

The Honorable Robert Curbelo, Jr. was elected to the post of Miami-Dade West Kendall Community Council in 1996. As a member of this council he initiated graffiti prevention programs, conducted food drives, originated funding programs for the area's parks, enhanced contributions for a school communication project, among other accomplishments. Councilman Curbelo is a talented businessman. Therefore, these undertakings he successfully championed due to his knowledge of the citizenry he serves and his ability to create partnerships with the business community. None of his programs employ taxpayer moneys. His leadership has been noted in the local media and has been praised by his constituents as well as other local leaders.

Councilman Curbelo's dedication to public service and ethics moved him to risk his life by exposing a graft case in a local municipality. Several media channels commended his valor. Councilman Curbelo has participated in countless philanthropic endeavors.

Personal Information

- * Born, Miami, Florida, March 22, 1967
- * Married
- * Entrepreneur

Education

- * Bachelor of Arts, St. Thomas University, 1989
- * Certified General Contractor, Florida
- * Real Estate Broker
- * Mortgage Broker
- * Registered Appraiser
- * Community Association Manager (CAM)

Community Service/Membership

- * Committeeman, Republican Party of Dade County
- * President, Porticos Homeowners Association
- * President, Crystal Lakes Villas Homeowners Association
- * Member, Homestead Chamber of Commerce
- * Recipient, Muscular Dystrophy Leadership Award
- * Recipient, Public Service Award, One Nation
- * Past Board Member, Latin Builders Association * Member, West Kendall Community Alliance
- * Advisor, Colombian American Services Association

£ 7040 .	Department of the Treasury — Inter U.S. Individual Income Tax	Return 1	995	and the same of th	dy — Do n		staple in this space.		
Fo	r the year Jan 1 - Dec 31, 1995, or o	ther tax year beginning		,1995, ending		,19	1 1545-0074		
Label	Your First Name	MI Last Name				Your Soc	ial Security No.		
Label	Roberto								
	If a Joint Return, Spouse's First Name	Curbelo,				Spouse's	Social Socurity No.		
Use the IRS label.	A STATE OF THE STA								
Otherwise,	Home Address (number and street). If You He		vacy Act						
please print or type.	14780 S.W. 57th Terr	ace				Reduct	perwork Son Act Notice,		
	City, Town or Post Office. If You Have a Forei	gn Address, See Instructions.		State ZIP Code		see ins	structions.		
	Miami	544		FL 3	3193	Yes P	mentioned the state of the state of the state of		
Presidential Election	Do you want \$3 to go to this fu						your lax or reduce your refund.		
Campaign	► If a joint return, does your spou	se want \$3 to go to this f	lund?				your returns.		
- Marcon Company III	1 Single								
Filing Status		(even if only one had inc					_		
		n. Enter spouse's SSN ab							
	AND AND THE PROPERTY OF THE PR	qualifying person). If the	qualifying	person is a child b	out not y	our dep	endent,		
Check only	enter this child's name h	ere >							
one box.	The second secon	dependent child (year sp							
	Sa X Yourself. If your parent (or someone else) can cla	im you as	dependent on his	or	Ho	of bosses schod on and 6b		
Exemptions	her tax return, 60 not che	eck box 6a. But be sure to	Check the	box on in 330 on	pg 2.	- 60	and 60		
	b Spouse								
	c Dependents:	(2) Dependent	nt's social r. If born	(3) Dependent's relationship	in your	Hos Ho home shi	, of your lidron on who:		
	(1) First name Last name	security numbe in 1995, see in	structions	to you	in your		who: lived with		
If more than	A DESCRIPTION OF THE SAME				1-		you		
6 dependents,					+		older's live		
see instrs					+-	to divorce or			
			-		+		paration		
	C DISCOVER AC 2007				+	Do	pendonts on not entered		
				A TENER		ab	ove		
	d If your child didn't live with you but is d					Ad	d mumbers fored on es above > 1		
	e Total number of examptions		معطط ويقتا	Televinion.					
	7 Wages, salaries, tips, etc. At		•••			7	11,500.		
Income	8a Taxable interest income. Atta					8a	6,083.		
Attach	b Tax-exempt interest. Don't in					460000000			
Copy B of your Forms W-2, W-2G, &	6 BULL ALLES AU A CAL					•			
your rorms	9 Dividend income. Attach Sch					9			
	10 Taxable refunds, credits, or o	offsets of state and local in				10			
1099-R here.	10 Taxable refunds, credits, or control Alimony received	offsets of state and local in	ncome taxe	is		10	26 326		
1099-R here. If you did	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local in ttach Schedule C or C-EZ	ncome taxe			10 11 12	26,326.		
1099-R here. If you did not get a W-2, see	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local in ttach Schedule C or C-EZ ired, Attach Schedule D	ncome taxe			10 11 12 13	26,326.		
1099-R here. If you did not get a W-2, see	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local in ttach Schedule C or C-EZ ired, Attach Schedule D ch Form 4797	ncome taxe	•		10 11 12 13 14	26,326.		
1099-R here. If you did not get a W-2, see instructions. Enclose	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local in ttach Schedule C or C-EZ ired, Attach Schedule D ch Form 4797	ncome taxe	ble amount		10 11 12 13 14 15b	26,326.		
1099-R here. If you did not get a W-2, see instructions. Enclose but do not	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local in ttach Schedule C or C-EZ ired, Attach Schedule D ch Form 4797	b Taxal	ble amount		10 11 12 13 14 15b			
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local in ttach Schedule C or C-EZ ired, Attach Schedule D och Form 4797 15a 16a partnerships, S corporation	b Taxal	ble amount etc. Attach Sch E		10 11 12 13 14 15b 16b			
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment	10 Taxable refunds, credits, or control of the cont	ttach Schedule C or C-EZ ired, Attach Schedule D ch Form 4797 15a 16a partnerships, S corporation	b Taxal	ble amount		10 11 12 13 14 15b 16b 17			
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment	10 Taxable refunds, credits, or control of the cont	ttach Schedule C or C-EZ ired, Attach Schedule D ch Form 4797 15a 16a partnerships, S corporation	b Taxal b Taxal ons, trusts,	ble amount ble amount etc. Attach Sch E		10 11 12 13 14 15b 16b 17 18			
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment	10 Taxable refunds, credits, or of 11 Alimony received	ttach Schedule C or C-EZ ired, Attach Schedule D ch Form 4797 15a 16a partnerships, S corporation	b Taxal b Taxal ons, trusts,	ble amount etc. Attach Sch E		10 11 12 13 14 15b 16b 17 18 19 20b			
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local in ttach Schedule C or C-EZ ired, Attach Schedule D ch Form 4797 15a 16a partnerships, S corporation in Schedule F	b Taxal b Taxal ons, trusts,	ble amount etc. Attach Sch E		10 11 12 13 14 15b 16b 17 18 19 20b 21	38,645.		
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment voucher.	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local intach Schedule C or C-EZ ired, Attach Schedule D och Form 4797 15a 16a partnerships, S corporation Schedule F	b Taxal b Taxal b Taxal	ble amount		10 11 12 13 14 15b 16b 17 18 19 20b	38,645.		
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment voucher.	10 Taxable refunds, credits, or commendation of the commendation o	offsets of state and local intach Schedule C or C-EZ ired, Attach Schedule D och Form 4797 15a 16a partnerships, S corporation Schedule F	b Taxal b Taxal b Taxal	ble amount		10 11 12 13 14 15b 16b 17 18 19 20b 21	38,645.		
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment voucher.	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local interest that Schedule C or C-EZ ired, Attach Schedule D och Form 4797 15a 16a partnerships, S corporation Schedule F	b Taxal b Taxal ons, trusts, lb Taxal	ble amount etc. Attach Sch E		10 11 12 13 14 15b 16b 17 18 19 20b 21	38,645.		
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment voucher.	10 Taxable refunds, credits, or of 11 Alimony received	offsets of state and local interest that Schedule C or C-EZ ired, Attach Schedule D och Form 4797	b Taxal b Taxal b Taxal	ble amount		10 11 12 13 14 15b 16b 17 18 19 20b 21	38,645.		
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment voucher.	10 Taxable refunds, credits, or comments of the comments of th	offsets of state and local interest tach Schedule C or C-EZ irred, Attach Schedule D och Form 4797 15a 16a partnerships, S corporation Schedule F 20a ght column for lines 7 - 2 m 3903 or 3903-F	b Taxal b Taxal ons, trusts, 1. This is y 21	ble amount		10 11 12 13 14 15b 16b 17 18 19 20b 21	38,645.		
W-2, W-2G, & 1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment voucher. Adjustments to Income	10 Taxable refunds, credits, or of the control of t	offsets of state and local interest that Schedule C or C-EZ ired, Attach Schedule D och Form 4797 15a 16a partnerships, S corporation Schedule F 20a ght column for lines 7 - 2 m 3903 or 3903-F tax see deduction	b Taxal b Taxal ons, trusts, 1. This is y 22 24 24	ble amount		10 11 12 13 14 15b 16b 17 18 19 20b 21	26,326. 38,645. 82,554.		
1099-R here. If you did not get a W-2, see instructions. Enclose but do not attach your payment and payment voucher.	10 Taxable refunds, credits, or comments of the comments of th	offsets of state and local intach Schedule C or C-EZ ired, Attach Schedule D och Form 4797 15a 16a partnerships, S corporation Schedule F 20a ght column for lines 7 - 2 m 3903 or 3903-F	b Taxal b Taxal b Taxal ons, trusts, 21 24 25	ble amount		10 11 12 13 14 15b 16b 17 18 19 20b 21	38,645.		

Adjusted Gross Income 1,860.

80,694.

30 Add lines 23a through 29. These are your total adjustments

Form 1040 (1995)	Roberto Curbelo, Jr	Page 2
	32 Amount from line 31 (adjusted gross income)	80,694.
Tax	33 a Check if: You were 65/older, Blind; Spouse was 65/older, Blind	200
Computation	Add the number of boxes checked above and enter the total here	
Companion	b If your parent (or someone else) can claim you as a dependent, ck here ▶ 33b	
	c If you are married filing separately and your spouse itemizes deductions	
	그는 그 아이는 그는 사람이 보다가 하게 되었다면서 가는 그는 것이 되었다. 그는 것이 아이는 그는 것이 없는 것이 없어요. 되었다면 없는 것이 없는 것이 없는 것이 없어요. 없어요. 없어요. 없어요. 없어요. 없어요. 없어요. 없어요.	F the same
	34 Enter Remized deductions from Schedule A, line 28, or	
	the Standard ded shown below for your filing status. But if you ckd	
	of any box on line 33a or b, see instructions to find your standard	Pacyline
	ded. If you checked box 33c, your standard deduction is zero.	100.00
	Single - \$3,900 Head of household - \$5,750 Married filing jointly	34 21,005.
	or Qualifying widow(er) - \$6,550	學機
	35 Subtract line 34 from line 32	35 59,689.
		33,003.
	36 If In 32 is \$86,025 or less, multiply \$2,500 by the total no. of exemptions claimed	36 2,500.
	on In 6e. If In 32 is over \$86,025, see the instructions for the amount to enter	
If you want	37 Taxable Income. Subtract in 36 from in 35. If in 36 is more than in 35, enter -0-	87 57,189.
the IRS to	38 Tax. Check if from a X Tax Table, b Tax Rate Schedules, c Capital Gain Tax	
figure your tax, see	Worksheet, or, d Form 8615. Amount from Form(s) 8814 . ▶ e	38 13,776.
instructions.	39 Additional taxes. Check if from a Form 4970 b Form 4972	39
	40 Add lines 38 and 39	40 13,776.
	41 Credit for child and dep care exp. Attach Form 2441	
Credits	42 Credit for the elderly or the disabled. Attach Sch R 42	
O.Camb	43 Foreign tax credit. Attach Form 1116	1000
	44 Other credits. Check if from a Form 3800 b	100
		1465
		SCHOOL STATE OF THE STATE OF TH
	45 Add lines 41 through 44	45
	46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0	46 13,776.
	47 Self-employment tax. Attach Schedule SE	47 3,720.
Other	48 Alternative minimum tax. Attach Form 6251	48 0.
Taxes	49 Recapture taxes. Ck if from a Form 4255 b Form 8611 c Form 8828	49
	50 SS and Medicare tax on tip income not reported to employer. Attach Form 4137	50
	51 Tax on qualified retirement plans, including IRAs. If required, att Form 5329	51
	52 Advance earned income credit payments from Form W-2	52
	53 Household employment taxes. Attach Schedule H	53
	54 Add Ins 46 - 53. This is your total tax	54 17,496.
Payments	55 Federal income tax withheld. If any is from Ferm(s) 1099, check > 55 7 7 71, 248.	31,130.
rayments	56 1995 estimated tax payments and amount applied	1000
	from 1994 return	
	57 Earned Income credit. Attach Schedule EIC if you have a qualifying	
Attach Forms	child. Nontaxable sarned income: amount >	
W-2, W-2G,	and type > 57	
and 1099-R	58 Amount paid with Form 4868 (extension request)	在 公司
on page 1.		
		· 100 - 100
	60 Other payments. Check if from . a Form 2439	1/2
	b Form 4136	4 346
	61 Add lines 55 - 60. These are your total payments	61 4,248.
Refund or	62 If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you Overpald	62
Amount You	63 Amount of line 62 you want Refunded to You	63
Owe	64 Amt of in 62 you want Applied to Your 1996 Est Tax > 64	AND DESCRIPTION OF THE PERSON
	65 If In 54 is more than In 61, subtract In 61 from In 54. This is the Amount You Owe.	
	For details on how to pay including using Form 1040-V, Payment Voucher, see instr	65 14,127.
	66 Estimated tax penalty. Also include on line 65	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	ist of my knowledge and parer has any knowledge.
Here		
•	2 ()	
Keep a copy of this return		
for your records.	Spouse's Signature. If a Joint Return, BOTH Must Sign. Date Spouse's Occupation	
		Ta
Paid	Preparer's Date Check if	Preparer's Sociel Security No.
Preparer's	Signature > / / 10/15/96 Latt employed X	
Use Only	Firm's Name Avel A. Gonzaley, C. P. A.	FA 1600000
	(or yours If sol employed) > 2688 S.W. 137th Avenue EN	59-1932734

Form 2210

Underpayment of Estimated Tax by Individuals, Estates and Trusts

1995

Department of the Treasury Internal Revenue Service ► See separate instructions. ► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041. 06A

Name(x) shown on tax return

Roberto Curbelo, Jr

Identifying Humber

Part I	Reasons for Filing — If 1a, b, or c below applies to you, you may be able to lower or eliminate must check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, Form 2210 with your tax return.	your per check th	nalty. But you at box and file
- Comment	ichever boxes apply (if none apply, see the Note above):		
a You	request a walver. In certain circumstances, the IRS will waive all or part of the penalty. See Walver of	Penalty	in the instructions.
b You	use the annualized income installment method. If your income varied during the year, this method ma ore required installments. See the instructions.	y reduce	the amount of one
c inst	had federal income tax withheld from wages and you treat it as paid for estimated tax purposes when the payment due dates. See the instructions for line 22.		
	r required annual payment (line 13 below) is based on your 1994 tax and you filed or are filing a joint mot both years.	eturn for	either 1994 or 1995
Part II	Required Annual Amount		
2Enter you	r 1995 tax after credits	2	13,776
30ther tax	es	3	3,720
4Add lines	2 and 3	4	17,496
5Earned in	come credit		
	federal tax paid on fuels	MESSA	
	5 and 6	7 8	17,496
S Multiply I	ne 8 by 90% (.90)		17,430
10 Withholdi	ng taxes. Do not include any estimated 1 x payments on this line	10	1,248
11 Subtract	line 10 from line 8. If less than \$500, stop here; do not complete or file this form. You do not owe	11	16,248
•	• Description of the second of		
12Enter the that return Caution:	tax shown on your 1994 tax return (110% of that amount if the adjusted gross income shown on is more than \$150,000, or if married filing separately for 1995, more than \$75,000). See instructions	12	22,826
	annual payment. Enter the smaller of line 9 or line 12	13	15,746
Note: If It box 1d at	ne 10 is equal to or more than line 13, stop here; you do not owe the penalty. Do not file Form 2210 ur bove.	iless you	checked
Part III	Short Method (Caution: Read the instructions to see if you can use the short method. If you check	cked box	1b ore in
14Enter the	Part I, skip this part and go to Part IV.) amount, if any, from line 10 above	20000	
15Enter the	total amount, if any, of estimated tax payments you made		
	14 and 15	16	1,248.
17Total und	erpayment for year. Subtract line 16 from line 13. If zero or less, stop here; you do not owe	17	14,498
18Multiply I	ne 17 by .06066	18	879.
19 o If the a	mount on line 17 was paid on or after 4/15/96, enter -0		
	mount on line 17 was paid before 4/15/96, make the following computation to find the amount on line 19.		
	Amount on Number of days paid line 17 x before 4/15/96 x .00025	19	
on Form line 42; F	Subtract line 19 from line 18. Enter the result here and 1040, line 66; Form 1040A, line 34; Form 1040-T, orm 1040NR, line 66; Form 1040NR-EZ, line 26;	20	879.
	041, line 26	20 !	Form 2210 (1995)

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Liberton West Control		Payment Due Dates					
Section A - Figure Your Underpayment		(a) 4/15/95	(b) 6/15/95	(c) 9/15/95	(d) 1/15/96		
21 Required installments. If box 1b applies, enter the amounts from Schedule AI, line 26. Otherwise, enter 1/4 of line 13, Form 2210, in each column	21						
22 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 22 on line 26. If line 22 is equal to or more than line 21 for all payment periods, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked a box in Part I	22						
Complete lines 23 through 29 of one column before going to the next column.							
23 Enter amount, if any, from line 29 of previous column	23						
24Add lines 22 and 23	24						
25 Add amounts on lines 27 and 28 of the previous column	25						
26 Subtract line 25 from line 24. If zero or less, enter -0 For column (a) only, enter the amount from line 22	26						
27 If the amount on line 26 is zero, subtract line 24 from line 25. Otherwise, enter -0-	27				(1) × 1 × 1		
28 Underpayment. If line 21 is equal to or more than line 26, subtract line 26 from line 21. Then go to line 23 of next column. Otherwise, go to line 29	28						
29 Overpayment. If line 26 is more than line 21, subtract line 21 from line 26. Then go to line 23 of next column	29						

Section B - Figure the Penalty (Complete lines 30 through 35 of one column before going to the next column.)

	April 16, 1	1995	- June 30, 199	95	STATE	(III)	4/15/95	6/15/95		
			ste Period 1				Days:	Days:		
30 N	lumber of days fro ne date the amoun hichever is earlier	m the	e date shown above line 28 was paid or	6/30	30 to /95,	30			ey manay samana	
n	Underpayment on line 28	×	Number of days on line 30 365	×	.10	31	s	COP	Ĭ.	
	July 1, 1995	5 -	December 31, 1	995			6/30/95	6/30/95	9/15/95	
		Ra	ste Period 2			18	Days:	Days:	Days:	
32N	lumber of days from the date the amount the highest from the days from t	m the	e date shown above line 28 was paid or	12/3	32 to 1/95,	32				
33	Underpayment on line 28	×	Number of days on line 32 365	×	.09	33	s	s	\$	
	January 1,	199	6 - April 15, 19	996	The second	live e	9/30/95	9/30/95	9/30/95	1/15/96
		Ra	ste Period 3				Days:	Dayra:	Days:	Days:
ti	lumber of days fro ne date the amoun hichever is earlier	t on I	e date shown above line 28 was paid or	4/15/	34 to /96,	34				
35	Underpayment on line 28	×	Number of days on line 34 366	×	.09	35	s	s	s	s

Schedule A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Schedule A - Itemized Deductions

► Attach to Form 1040. ➤ See Instructions for Schedule A (Form 1040). ONTS No. 1545-0074 1995

07

Name(s) Shown on Form 1040 Roberto Curbelo, Jr Medical Caution: Do not include expenses reimbursed or paid by others. and Dental 1 Medical and dental expenses 2 Enter amount from Form 1040, line 32 2 Expenses R Multiply line 2 above by 7.5% (.075) 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-State and local income taxes 5 Taxes You Paid 6 2,625 Real estate taxes 7 7 Personal property taxes Other taxes - List type and amount ▶ 8 9 Add lines 5 through 8 2,625. 9 10 10,681 Interest You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address Note: Personal interest is 11 not deductible. 12 12 Points not reported to you on Form 1098 13 Investment interest. If required, attach Form 4952. 13 7.849 (See instructions) ... 14 18,530. Add lines 10 through 13 . Gifts to Charity Gifts by cash or check. If you made any gift of \$250 or more 15 550 see instructions If you made a gift and 16 Other than by cash or check. If any gift of \$250 or more, see instructions. If over \$500, you must attach Form 8283 got a benefit 16 ior it, see 17 instructions 17 Carryover from prior year . . 18 550. 18 Add lines 15 through 17 ... Casualty and Theft Losses 19 Casualty or theft loss(es). Attach Form 4684 Unreimbursed employee expenses - job travel, union dues, job education, etc. If required, you must attach Form 2100 or Job Expenses and Most Other 2106-EZ ► Miscellaneous Deductions 20 21 Tax preparation fees 22 Other expenses - investment, safe deposit box, etc. List type and amount > instructions for expenses 22 to deduct here.) 23 23 Add lines 20 through 22 ... Enter amt from Form 1040, line 32 24 Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-26 Other - from list in the instructions. List type and amount > Other Miscellaneous **Deductions** 27 28 Is Form 1040, line 32, over \$114,700 (over \$57,350 if married filing separately)? No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. Total Itemized Deductions 28 21,005. · Yes. Your deduction may be limited. See instructions for the amount to enter.

Schedule A & B (Form 1040) 1995 OMB No. 1545-0074
Name(s) Shown on Form 1040, Do Not Enter Name and Social Security Number If Shown on Other Page.

Your Social Security Humber

Roberto Curbelo, Jr

		Schedule B — Interest and Dividend Income			80	
Part I	Not	e: If you had over \$400 in taxable interest income, you must also complete Part III.				
Interest Income	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also show that buyer's social security number and address		Am	ount	
		Natalie by the Lakes, Inc.			6,0	00.
	- 2					_
Note: If you received a Form 1099-BVT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's	1					
			1			
payer and enter the total inter- est shown on						
that form.						
		See Interest Income Statement				83.
		Add the amounts on line 1	2		6,0	
	3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815 to Form 1040				
		Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	3		6.0	83
David III	4	a: If you had over \$400 in gross dividends and/or other distributions on stock, you must also com		Part III	0,0	03.
Part II Dividend			piete		ount	
Income	5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶		Am	OUNT	
	-					
					_	
Note: If you			١.			
Note: If you received a Form 1099-DIV, or substitute			5			_
a brokerage firm, list the firm's name as						
the payer and enter the total	-					
dividends shown on that		(_),				
form.						
					_	_
		Add the control of the fi	6			
	_	Add the amounts on line 5	ALC: UNIT		_	
		Capital gain distributions. Enter here and on Schedule D*				
	0.00	Nontaxable distributions. (See instructions for Form 1040, line 9.)	-			
		Add lines 7 and 8	9			
	10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10			
		*If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13.				
Part III Foreign	If yo	ou had over \$400 of interest or dividends or had a foreign account or were a grantor of, or a transign trust, you must complete this part.	deror	to, a	Yes	No
Accounts and Trusts	11	a At any time during 1995, did you have an interest in or a signature or other authority over a fin account in a foreign country, such as a bank account, securities account, or other financial acc See instructions for exceptions and filing requirements for Form TD F 90-22.1	ountr			X
		b If 'yes,' enter the name of the foreign country				
	12	Were you the grantor of, or transferor to, a foreign trust that existed during 1995, whether or no	ot you	have	AND SECTION SE	X
DAA . F D		any beneficial interest in it? If 'yes,' you may have to file Form 3520, 3520-A, or 926		ule B (Form	1040)	

그는	Schedule	or Paperwork Reduction Act Notice, see Form 1040 instructions.	RAA For
Some investment	35	voi checked 30h vou must attach Form 6168	•
All investment is at risk.		 If you checked 32s, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3 	emp H e
25,726.	9	e If a loss, you must go on to line 32	32 If yo
	_	e if a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.	emp H e
		Net profit or (loss). Subtract line 30 from line 29.	31 Net
	36	Expenses for business use of your home. Attach Form 8829	30 Exp
25.726	29	Tentative profit (loss), Subtract line 28 from line 7	29 Tent
14, 518.	72 4	27 University of the Control of the	
	1 8	26 Wages (e	17 Logal
	23	25	b Othe
1,887.	24d	paid to banks, etc) 16a	a Mortg
	1.888.	(other than nealth)	16 Interest:
	3,775.	Employee benefit programs (other than on line 19) 14 entertainment	14 Emp
7,550.	24.0	Depreciation and section 179 expense deduction (not included in Part III) 13 1,000 a Travel	13 Dept 179 (not
	23	2	, ,
1, 131.	3 2	Commissions and fees	12 Com
- 1	206	10 b	10 Car
	20 a		or su
		Advertising	o a Advi
	5	cpenses. Enter expenses for business use of your ho	Part II
51,912.	5 7	Gross Income. Add lines 5 and 6	7 Gro
40.400.	6	Other income, including federal and state gasoline or fuel tax credit or refund	6 000
51 912	7	Cost of goods sold (from line 40 on page 2)	4 Cost
51,912.		Subtract line 2 from line 1	3 Subi
51,912.	N -	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	1 Gros
		Income	Part I
¥ ×	limit on losse	Did you 'materially participate' in the operation of this business during 1995? If 'No,' see instructions for limit on los If you started or acquired this business during 1995, check here	J If yo
	ntory?	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	H Was
Yes No	90	Method(s) used to Value closing inventory: (1) Cost (2) or market (3) wplanation) (4) K checked, skip line it)	G Meth
		Accrual (3) Other (specify) >	F Acc
	1 1 1 1 1	By Town of P.O. State, & 20' Code Niami, FL 33193	E Byrin
		Roberto Curbelo Jr.	
APV R TREE VH CH	Cassiover ID H	Management, Real Estate	Mai
Busineen Code P	B Extor Principal	Principal Bearness or Profession, Including Product or Service	A Princi
mber (SS4)	Booled Security No	to furbalo	Name of Proprietor
09	m 1040).	 Partnerships, joint ventures, etc, must file Form 1065. Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040) 	Department of
1995	_	(Sole Pro)	(Form 1040)

Schedule C (Form 1040) 1995 Roberto Curbelo, Jr		Page 2
Part III Cost of Goods Sold		
33 Inventory at beginning of year. If different from last year's closing inventory, attach explanation		
34 Purchases less cost of items withdrawn for personal use	34	
35 Cost of labor. Do not include salary paid to yourself		
36 Materials and supplies		
37 Other costs		
38 Add lines 33 through 37		
39 Inventory at end of year		
40 Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4. Part IV Information on Your Vehicle. Complete this part only if you are claiming car or required to file Form 4562 for this business. See the instructions for line 13 to find out		ne 10 and are not
41 When did you place your vehicle in service for business purposes? (month, day, year)		
42 Of the total number of miles you drove your vehicle during 1995, enter the number of miles you	used your vehicle for	:
a Business b Commuting c0	ther	
43 Do you (or your spouse) have another vehicle available for personal use?	[Yes No
44 Was your vehicle available for use during off-duty hours?	[Yes No
45 a Do you have evidence to support your deduction? b If "Yes," is the evidence written?		
Part V Other Expenses. List below business expenses not included on lines 8 - 26 or line	30.	
Telephone		7,200.
Dues		595.
Business promotion		6,645.
Tools		178.
46 Total other expenses. Enter here and on page 1, line 27	46	14,618.

(Form 1040) Schedule C

Profit or Loss From Business (Sale Proprietorship)

OMB No. 1545-0074 1995

Partnerships, joint ventures, etc, must file Form 1065.
 Attach to Form 1040 or Form 1041.
 See instructions for Schedule C (Form 1040).

8

28 Department of the Treasury Internal Revenue Service (99) Name of Proprietor 33 b Other a Mortgage (paid to banks, etc.) Depletion . . Method(s) used to value closing inventory: If you have a loss, check the box that describes your investment in this activity. Net profit or (loss). Subtract line 30 from line 29. Office expense Legal and professional services interest: Employee benefit programs (other than on line 19) Depreciation and section 179 expense deduction (not included in Part III) Bad debts from sales or services Gross income. Add lines 5 and 6 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here. If you started or acquired this business during 1995, check here ... Did you 'materially participate' in the operation of this business during 1995? If No,' see instructions for limit on losses Busingss Addr (include suite or room no.) Cby, Town or P.O., State, & ZP Code Business Name. If No Separate Business Name, Leave Blank. Expenses for business use of your home. Attach Form 8829 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns Other income, including federal and state gasoline or fuel tax credit or refund Cost of goods sold (from line 40 on page 2). Subtract line 2 from line 1 Returns and allowances . . Accounting method: e if you checked 32a, enter the loss on Form 1040, live 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3 e If a loss, you must go on to line 32 If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3...... Tentative profit (loss). Subtract line 28 from line 7 Insurance (other than health) Commissions and fees Car and truck expenses Advertising Gross profit. Subtract line 4 from line 3 Roberto Curbelo, Jr Expenses. Enter expenses for business use of your home only on line 30. Income (I) Cost (1)X Cash 17 166 16a 15 12 ü 10 . 60 14780 S.W. 57th Terrace Miami, FL 33193 8 2 Lower of cost or market Accrual (3) Other (attach explanation) (3) Other (specify) > 13 2 20 Rent or lease: B b Other business property ... c Enter 50% of line 24b subject to limitations a Vehicles, machinery, and equipment d Subtract line 24c from line 24b b Meals and entertainment. a Travel Repairs and maintenance Other exponses (from line 46 on page 2) Utilities Travel, meals, and entertainment: Taxes and licenses . . Wages (less employment credits) Supplies (not included in Part III) S X Does not apply (If checked, skip line H) ٧ Employer ID No. (ENQ. If Any Schedule C (Form 1040) 1995 24d 19 2 2 2 2 2 24.0 82 a X 22 22 206 20 a 9 80 UN ۵ Cup All inve street is Yes × 600. 600. 600. 600. 600. 600.

Sch	edule C (Form 1040) 1995 Roberto Curbelo, Jr			Page 2
Par	Cost of Goods Sold			
33	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	33		
34	Purchases less cost of items withdrawn for personal use	34		
35	Cost of labor. Do not include salary paid to yourself	35		
36	Materials and supplies	36		
37	Other costs	37		
38	Add lines 33 through 37	38		
39	Inventory at end of year	39		
THE PERSON NAMED IN	Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4		ine 10 and	are not
41	When did you place your vehicle in service for business purposes? (month, day, year)			
42	Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle	cle f	or:	
	Business b Commuting c Other			
43	Do you (or your spouse) have another vehicle available for personal use?		Yes	☐ No
44	Was your vehicle available for use during off-duty hours?		Yes	☐ No
	Do you have evidence to support your deduction?			No No
	Other Expenses. List below business expenses not included on lines 8 - 26 pr line 30.		1 100	11.00
	COPY		T .	
	9			
-				
46	Total other expenses. Enter here and on once 1, line 27	AE		

Numer's) Shown on Return. Do Not Enter Name and Social Security Number If Shown on Page 1.

Your Social Security Humbe

Roberto	Curhel	0	Tr
Koberto	Culbe	LU.	

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part ! Income or Loss from Partnerships and S Corporations

Note: If yr a report a loss from an at-risk activity, you must check either column (e) or (f) of line 27 to describe your investment in the activity. See instructions. If you check column (f), you must attach Form 6198.

27	(a) Harne		(b) Enter P for partnership; S for S Corporation	(c) Check if foreign partnership	(cl) Emp identifica numb		(e) All is at risk	(f) Some i
	urbelo & Sons, Inc.		S		59-2090		X	
BN	atalie West Homes Inc.		S		65-0432	520	X	
	atalie West, Inc.		S		65-0463	227	X	
D	10000000000000000000000000000000000000	Elisa na maryon ye			17.5			
E								
	Passive Income and Los				sive income a			
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(I) Nonpassive from Schedule	loss K-1	(i) Section 179 expense deduction from Ferm 4562	9	(k) Norpe income i Schedule	rom K-T
A		A New York	2,	572.				
B	A SAME AS A SECOND						51	, 368
С			10,	151.				
D	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		· (6) 17-46-					
E		B C SECTION		7-1-1				
_	otals						51	1,358
ь	otals		12,	723.		188	and the deline	
29 /	Add columns (h) and (k) of line 28a					29	51	. 368
30 /	Add columns (g), (i), and (j) of line 28b					30		,723
h	otal partnership and S corporation income ere and include in the total on line 40 belo	W	s 29 and 30. Enter	the result		31	38	3,645
art I	II Income or Loss from Estates	and Trusts						
2		(a) Name					(b) Empli	oyer number
-		CORNE CUA SAID				_		
A								
A B	Passive Inco	me and Loss			Nonpassi	ve Inco	me and Los	15
В	Passive Inco (c) Passive deduction or loss allo (attach Form 8582 if required)	wed	(d) Passive in from Schedule	come (e	Nonpassi) Deduction or lo rom Schedule K	058	rne and Los (f) Other is from Sched	ncome
В	(c) Passive deduction or loss allo	wed	(d) Passive in from Schedule	come (e) Deduction or lo	058	(f) Other is	ncome
A B	(c) Passive deduction or loss allo (attack Form 8582 if required)	wid .	(d) Passive in from Schedule	come (e) Deduction or lo	058	(f) Other is	ncome
A B	(c) Passive deduction or loss allo (attach Form 8582 if required)		from Schedule	come (c) Deduction or lo	058	(f) Other is	ncome
A B B3a T	(c) Passive deduction or loss allo (attach Form 8582 if required) otals		from Schedule	K-1 0	p) Deduction or le rom Schedule K	063	(f) Other is	ncome
B B B3a T b T	(c) Passive deduction or loss allo (attach Form 2582 if required) Totals Totals Add columns (d) and (f) of line 33a		from Schedule	K-1 0	p) Deduction or lo rom Schedule K	34	(f) Other is	ncome
B B B B3a T b T	(c) Passive deduction or loss allo (attach Form 8582 if required) otals		from Schedule	K-1 0	p) Deduction or lo rom Schedule K	063	(f) Other is	ncome
B 33 a T 54 A 55 A 56 T 5	(c) Passive deduction or loss allo (attach Form 8582 if required) Totals Totals Add columns (d) and (f) of line 33a	bine lines 34 and 35. E	from Schedule	K-1 6	Deduction or lor rom Schedule K.	34 35 36	(f) Other in from Schedu	ncome
B 33 a T 34 A 35 A 36 T t	(c) Passive deduction or loss allo (attack Form 8582 if required) otals otals dd columns (d) and (f) of line 33a	bine lines 34 and 35. Ens 40 below	ner condu	its (REMI	o) Deduction or lo rom Schedule K	34 35 36 dual H	(f) Other in from Schedu	ncome
A B B B B B B B B B B B B B B B B B B B	(c) Passive deduction or loss allo (attach Form 8582 if required) Totals Totals Add columns (d) and (f) of line 33a	bine lines 34 and 35. E	from Schedule	its (REMI	Deduction or lor rom Schedule K.	34 35 36 dual H	(f) Other in from Schedu	ncome use K-1
B B B B B B B B B B B B B B B B B B B	(c) Passive deduction or loss allo (attach Form \$582 if required) otals otals odd columns (d) and (f) of line 33a	bine lines 34 and 35. Ens 40 below	inter Street Conduction (c) Excess inc. Schedule from Schedule line 2c	its (REMI	Cs) — Residing income control of the	34 35 36 dual H	(f) Other in from Sched	ncome ule K-1
A B B 33a T 54 A A A A A A A A A A A A A A A A A A	(c) Passive deduction or loss allo (attach Form \$582 if required) otals otals odd columns (d) and (f) of line 33a	bine lines 34 and 35. Ens 40 below. tate Mortgage Inve	inter stment Condu (c) Exces incl from Schedule inte 25	its (REMI	Cs) — Residing income control of the	34 35 36 dual H	(f) Other in from Sched	ncome use K-1
A B 33 a T 5 A A A A A A A A A A A A A A A A A A	(c) Passive deduction or loss allo (attach Form 2582 if required) Totals Totals Totals Add columns (d) and (f) of line 33a	bine lines 34 and 35. En 40 below. tate Mortgage Inve (b) Employer identification number result here and include 1835. Also, complete line	riter Strient Condu (c) Excess inclining Schedule in Schedule in the total on line as in the total on line as 41 below	its (REMIC ssion (res Q, Sc	Cs) — Residing income control of the	34 35 36 dual H	(f) Other in from Sched	ncome ule K-1
b7	(c) Passive deduction or loss allo (attach Form \$582 if required) Totals Totals Totals Add columns (d) and (f) of line 33a	bine lines 34 and 35. Ene 40 below. tate Mortgage Inve (b) Employer identification number result here and include (835. Also, complete line), 36, 38, and 39. Enter me: Enter your gross in 4835, line 7; Schedule 1120S), line 23; and Sc	riter Street Conduction Schedule line 2: in the total on line 41 below	its (REMIC ssion (res Q, Sc	Cs) — Residing income control of the	34 35 36 dual H	(f) Other in from Sched	ncome ule K-1

Schedule SE (Form 1040)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

See instructions for Schedule SE (Form 1040).
 Attach to Form 1040.

1995 17

Name of Person with Self-employment Income (as shown on Form 1040)

Roberto Curbelo, Jr

Social Security Number of Person with Self-employment Income

Who Must File Schedule SE

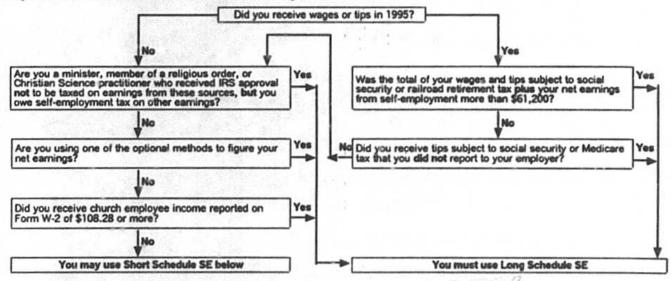
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income.

Note: Even if you have a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt-Form 4361' on Form 1040, line 47.

May I use Short Schedule SE or MUST I use Long Schedule SE?



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see instructions for amounts to report on this line. See instructions for other income to report	2	26,326.
3	Combine lines 1 and 2	3	26,326.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax.	4	24,312.
5	Self-employment tax. If the amount on line 4 is: • \$61,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1646, line 47.	5	3,720.
	 More than \$61,200, multiply line 4 by 2.9% (.029). Then, add \$7,588.80 to the result. Enter the total here and on Form 1649, line 47. 	1	
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25		

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 1995

Interest Income Statement Attach to return (after all IRS forms)

1995 Statement

1

Payer's Name Address Interest Income and Adjustments Payer's Name Total Interest Type Interest Income from K-1 Worksheets Payer's Name Taxa Curbelo & Sons, Inc.	State	Adj Amt (enter as pos)	Priv Actvy Bond Amt incl in Int
Interest Income and Adjustments Payer's Name Total Interest Type Interest Income from K-1 Worksheets Payer's Name Taxa Curbelo & Sons, Inc.		Adj Amt	Priv Actvy Bond Amt
Payer's Name Total Interest Type Interest Income from K-1 Worksheets Payer's Name Taxa Curbelo & Sons, Inc.		(enter	Bond Amt
Payer's Name Total Interest Type Interest Income from K-1 Worksheets Payer's Name Taxa Curbelo & Sons, Inc.		(enter	Bond Amt
Payer's Name Total Interest Type Interest Income from K-1 Worksheets Payer's Name Taxa Curbelo & Sons, Inc.		(enter	Bond Amt
nterest Income from K-1 Worksheets Payer's Name Taxa Curbelo & Sons, Inc.		(enter	Bond Amt
Payer's Name Taxa Curbelo & Sons, Inc.			
Payer's Name Taxa			
Curbelo & Sons, Inc.		Tax-Exempt	Priv Actvy
C	Die int	Tax-exempt	Priv Actvy
C	83.		
ummary		10. 77	
ımmary	01	2 4	
Total Interest Income (including Schedule B entries)			6,08
Tax-Exempt Interest (to Form 1040, line 8b)		(Type E)	•
Nominee Distribution			
OID Adjustment			
ABP Adjustment		(Type B)	
Accrued Interest			
Other Adjustment			
Interest entered directly on Schedule B			6 00

Application for Automatic Extension of Time to File U.S. Individual Income Tax Return

OMB No. 1545-0188

tevenue Service our Name(s) oberto Curbelo, Jr Mress 4780 S.W. 57th Terrace y, Town or Post Office State ZP Code liami FL 33193		2a Amount due – Add lines 6c, d, and e \$\simes\sum_{23,000}. b Amount you are paying \$\simes\sum_{3,000}. he calendar year 1995
4780 S.W. 57th Terrace y, Town or Post Office State ZP Code liami FL 33193	4 Spouse's Social Security Number	b Amount you are paying \$\begin{array}{c} \sigma & 3,000. \end{array}\$
iami FL 33193		►\$ 3,000.
	96, to file my individual tax return for	he calendar year 1006
request an automatic 4-month extension of time to August 15, 199 to , 19 , for the fiscal tax year ending	, 19	ne caleridar year 1993
dividual Income Tax	Gift of GST Tax Return(s) Check here Only if filing a gift or	GST
otal tax liability for 1995	tax return	Spouse ►
otal payments for 1995	d Amount of gift or GST tax you ar	e paying \$
alance Due. Subtract 6b from 6a \$ 23,000.	e Your spouse's gift/GST tax payn	nent\$
satises of perjury, I declare that I have examined this form, including accompanying achies; and, if prepared by someone other than the taxpayer, that I am authorized to prepared by someone other than the taxpayer, that I am authorized to prepared by the source of the	studes and statements, and to the best of my know are this form. Spouse's Signature, if filing jointly C, D, M	ledge and belief, it is true, correct, Date 4-15-9
arer's Signature (other than taxpliyer)		Dale

ROBERTO CURBELO JR. 8855 SW 27TH ST. WIAMI, FL 33185	1384 April 15 1996
加設 工. R. S.	\$ 3000 \$
three thousand -	DOLLARS III
READY STATE BANK 14702 S.W. 56th Street Miami, FL 33185	
on tax Entansion	27 (2)

OMB No. 1545-0066 Application for Additional Extension of Time to File Form 2688 U.S. Individual Income Tax Return ➤ See Instructions. ➤ You Must complete all Items that apply to you. partment of the Treasu Your First Na Roberto Curbelo. Home Address (number, street, and spartment number or rural route). If You Have a P.O. Box, See the Instructions. 14780 S.W. 57th Terrace City, Town or Post Off 712 Code FL Miami 33193 1 I request an extension of time until 10/15 96 , to file Form 1040EZ, Form 1040A, Form 1040 or Form 1040-T for the calendar year 1995, or other tax year ending ----, 19 2 Explain why you need an extension. All individuals filing this form must give an edequate explanation Information from third party still pending 3 Have you filed Form 4868 to request an extension of time to file for this tax year? If you checked 'No,' we will grant your extension only for undue hardship. Fully explain the hardship in item 2. Attach any information you have that helps explain the hardship. If you expect to owe gift or generation-skipping transfer (GST) tax, complete line 4. 4 If you or your spouse plan to file a gift or GST tax return (Form 709 or 709-A) for 1995, generally due by April 15, 1996, see the instructions and check here Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form. Signature of Taxpayer Signature of Socuse Signature of Preparer Other Than Taxpayer File original and one copy. The IRS will show below whether or not your application is approved and will return the copy. Notice to Applicant -- To Be Completed by the IRS We have approved your application. Please attach this form to your return. We have not approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return. This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return. We have not approved your application. After consideting your reasons stated in item 2 above, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. We cannot consider your application because it was filed after the due date of your return. We have not approved your application. The maximum extension of time allowed by law is 6 months.



Date

| Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | D

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 2688 (1995)

Form 1040		U.S. Individual Incom		n 1996		IRS Use Only-Do	not writ	e or stap	le in this space.
		For the year Jan. 1-Dec. 31, 1996, or o	ther tax year beginning		, 1996, er	oding	,19		OMB No. 1545-0074
Label	L	Your first name and initial	Last	name			Your s	ocial s	ecurity number
(See page 11.)	AB	Roberto	Curbelo						
P-80 11.7	ΙĔ	If a joint return, spouse's first name	1	name			Spous	e's soc	cial security number
	L	Sandra	Alvarez						
Use the IRS	Н	Home address (number and street).	[전시기 및 (1호] - 기업 (1호) (1호) (1호) (1호) (1호) (1호) (1호) (1호)	e page 11.		Apt. no.			finding line
Otherwise,	E	14780 SW 57th T			1010.35				ons, see pages
please print	R	City, town or post office, state, and			age 11.			-	n the booklet. Note: Checking
or type. Presidential	-	Miami	FL 3	3193			Yea	No X	"Yes" will not
Election Campa	lgn	Do you want \$3 to go to the lif a joint return, does your		a to this find?			\vdash	30	change your tax or
(See page 11.)	1		spouse want \$3 to g	o to this fund?				^ 1	reduce your refund.
Filing Status		X Married filing joint return (nues If only one had	(neoma)					
ring Status	3	Married filing separate retain		110 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	aboue				
	•	and full name here.	irn. Enter spouse s s	ocial security no.	above				
Check only		Head of household (with qualif not your dependent, enter this	ving person), (See instr.)	If the qualifying pers	on is a child	but			
one box.	5	not your dependent, enter this Qualifying widow(er) with	child's name here.	annues died b	19). (See instruct	lone \		
	6a	Yourself. If your parent (o	THE RESIDENCE AND PROPERTY OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSED.	Chipmody and Colombia Sandard Colombia Colombia Colombia		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	- Charles of the last		No. of boxes
Exemptions	on	TO THE RESERVE OF THE PROPERTY OF	heek how fin		W.			- 1	checked on
Exemptions		return, do not c	neck box ba					···	No. of your
	ь	N Spouse	***********	1 00 0	Т	· · · · · · · · · · · · · · · · · · ·		(4) No. 0	children on
	c	Dependents:		(2) Dependent		(3) Depender		months	O lived with
		40		security number.	ALIE TOTAL	relationship to	, ,	lived in your hon	ne you
		(1) First name Last	name	In Dec. 1998, se	e instr.	yeu	-+	in 1996	
W					-		-		with you due to divorce or separation
If more than six dependents,		-							(see instr.)
see the									Dependents on 6c not
Instructions									on 6c not entered
for line 6c.				-			-		above
		Total womb or of any orders of the			A A				Add numbers entered on
	7 7	Total number of exemptions clair Wages, salaries, tips, etc. Attach		···/2	44			7	lines above 2 45,192
Income	8a	Taxable interest. Attach Schedul		(a	137
Attach	b	Tax-exempt Interest, DO NOT in		r	8ь		60	-	13/
Copy B of your	9	Dividend Income. Attach Schedu		L	00		_	p p	
Forms W-2,	10	Taxable refunds, credits, or offse		nonma tavas (eas	Instruction		1	_	
W-2G, and 1099-R here.	11	Alimony received	to Or state drid local i	ncome was (see	marucuo	113)	1	_	
1099-N nere.	12	Business income or (loss). Attack	Schodula C or C-E	7			1		20,156
If you did not	13	Capital gain or (loss). If required,		•			1	_	20,130
get a W-2, see the	14	Other gains or (losses), Attach Fo					1		
instructions	15a	Total IRA distributions	15a	Тъ	Taxable a	mount (see instr		\neg	
for line 7.	16a	Total pensions and annuities	16a			mount (see Instr	_	_	
Enclose, but do	17	Rental real estate, royalties, partr					1	_	62,784
not attach, any payment. Also,	18	Farm Income or (loss). Attach Sc		,			11		02/104
please enclose	19	Unemployment compensation					11	_	
Form 1040-V	20a		20a	Ть	Taxable a	mount (see Instr		_	
(see the Instructions	21	Other Income, List type & amoun					2	_	
for line 62).	22	Add the amounts in the far right		ough 21. This is y	our total I	ncome	Þ 2	_	128,269
	23a	Your IRA deduction (see instruct			3a		38		
Adjusted	b	Spouse's IRA deduction (see ins			3b		100		
Gross	24	Moving expenses. Attach Form 3	********		24		機		
Income	25	One-half of self-employment tax			25	1,4	24		
	26	Self-employed health insurance		**************************************	26		12	100	
If line 31 is under	27	Keogh & self-employed SEP plan		And a second second	27				
\$28,495 (under \$9,500 if a child	28	Penalty on early withdrawal of sa			8		100		
did not live with	29	Almony paid. Recipient's SSN >			29		题		
you), see the	30	Add lines 23a through 29	and the second second				30		1,424
Instructions for line 54.	31	Subtract line 30 from line 22. This	is your adjusted or	oss income			▶ 31	_	126,845
	_	aperwork Reduction Act Notice,							Form 1040 (1998)

Form 1040 (1996)	Rob	erto Curbelo & Sandra Alvarez				Page 2
	32	Amount from line 31 (adjusted gross income)			32	126,845
Tax	33a	Check If: You were 65 or older, Blind; Spo	ouse was 65 or old	der, Blind.	B	
Compu-		Add the number of boxes checked above and enter the total		> 33a	1	
tation	b	If you are married filing separately and your spouse itemizes of	*********		TO S	
	_	you were a dual-status alien, see instructions and check here		▶ 33b	588	
	34	Enter T Bambad deductions tree Schedule & Voe 28 OR	*************	П .	1298	A
	-	the Standard deduction shown below for your filing sta Instructions if you checked any box on line 33s or b Of can claim you as a dependent.	stus. But see the	1	34	24,444
		targer can claim you as a dependent.	someone	-	50000 m	27/711
		Of Single-\$4,000 Married filing jointly or Qualify	ying widow(er)-\$8,700	,		
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	aparatery-\$3,350	_	35	102 401
	35	Subtract line 34 from line 32		telesed on	. 33	102,401
If you want	36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number			36	E 100
the IRS to figure your	1	line 6d. If line 32 is over \$88,475, see the worksheet in the ins			37	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO
tax, see the	37	Taxable Income. Subt. line 36 from line 35. If in. 36 is more to	Page 1		37	97,301
Instructions	38	Tax. See instructions. Check if total includes any tax from	a U Form	1(5) 0014	103908	22.051
for line 37.	-1	b Form 4972			38	22,051
31	39	Credit for child and dependent care expenses. Attach Form 2				
Credits	40	Credit for the elderly or the disabled. Attach Schedule R	40		-	
	41	Foreign tax credit. Attach Form 1116	41		1000	
	42		6396		DE	
		c Form 8801 d Form (specify)	42		0200	A .
	43	Add lines 39 through 42			43	THE RESERVE OF THE PERSON NAMED IN COLUMN 1
	44	Subtract line 43 from line 38. If line 43 is more than line 38, er	nter -0-		- 44	22,051
	45	Self-employment tax. Attach Schedule SE			45	2,848
Other	46	Alternative minimum tax. Attach Form 6251			46	A STATE OF THE STA
Taxes	47	Social security and Medicare tax on tip income not reported to	o employer. Attach	Form 4137	47	
	48	Tax on qualified retirement plans, including IRAs. If required,	attach Form 5329	4	48	
	49	Advance earned income credit payments from Form(s) W-2	COURT !	/	49	
	50	Household employment taxes. Attach Schedule H			50	
	51	Add lines 44 - 60. This is your total tax			51	24,899
	52	Federal Income tax withheld from Form(s) W-2 and 1099	52	4,62	20	
Payments	53	1396 estimated tax payments & amount applied from 1995 ref	turn 53		1389	
	54	Earned Income credit. Attach Sch. EIC if you have a qualifyle	100000000000000000000000000000000000000		100	
		child, Nontaxable earned inc.; amt.	62,48		14	
		& type >	NO 54		0.862	
Attach	55	Amount paid with Form 4868 (request for extension)	55		DEST	
Forms W-2,	56	Excess social security and RRTA tax withheld (see instr.)	56			M .
W-2G, and	57	Other payments. Check if from a Form 2439			282.5	
1099-R on the front.	-	b Form 4136	57			
ule lion.	58	Add lines 52 through 57. These are your total payments		1	58	4,620
	59	If line 58 is more than line 51, subtract line 51 from line 58. Th	is is the amount v	ou OVERPAID	59	
Refund	60a	Amount of line 59 you want REFUNDED TO YOU	,	,	60	
Have it sent	Þ h	Routing number c Type:	Checking	Savings	10000	
directly to your bank		rictary frances	Cincenny []	ou migo	50.5	
account! See	▶ d	Account number			Vibras	
instr. and fill in		Amount of line 59 you want APPLIED TO YOUR 1997 EST. T	AX > 61		Page 1	
60b, c, and d.	61	If line 51 is more than line 58, subtract line 58 from line 51. Th	the same of the sa	VOLLOWE	-	
Amount	02	이 보면 19일 등에 가게 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은		TOU OWE.	62	21,040
You Owe	-	For details on how to pay and use Form 1040-V, see instruct	63	76	manoine	21,040
	63	Estimated tax penalty. Also include on line 62 attles of perjury, I declare that I have examined this return and accompanying	-lebel-del		_	nowledge and
	pellef, the	y are true, correct, and complete. Declaration of preparer (other than taxpa)	er) is based on all info	ermation of which prep	erer has	any knowledge.
Oigii ,				1		NOT INVESTIGATION OF THE STATE
Here	Your	signature C	Date	Your occupation		
of this return	_<			-		
for your	Spou	se's algnature. If a joint return, BOTH must algn.	Date	Spouse's occupation	on	
records.						
	reparer's		Date	Checkif		Preparer's social security no.
	Ignature	WAR TO THE CONTRACT OF THE STATE OF THE STAT	10/03/97	self-employed	M	
Preparer's	irm's nam		- C - C - L 100		EIN	59-1932734
Use Only	f self-emp	ployed) and 2688 SW 137th Avenue				
	ddress	Miami	FL	Police Part In-	ZIP co	ode 33175

Form 2210

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

See separate instructions.

Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

1996

Attachment Sequence No.

Department of the Treasury Internal Revenue Service Identifying number Name(s) shown on tax return Roberto Curbelo & Sandra Alvarez Note: In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you, if you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from line 20 or line 36 on the penalty line of your return, but do not attach Form 2210. Reasons For Filling- If 1a, b, or c below applies to you, you may be able to lower or eliminate your penalty. But you MUST check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return. Check whichever boxes apply (if none apply, see the Note above): You request a walver, in certain circumstances, the IRS will walve all or part of the penalty. See Walver of Penalty on page 2 of the instructions. You use the annualized income installment method, if your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions. You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 22 on page 3. d Your required annual payment (line 13 below) is based on your 1995 tax and you filed or are filing a joint return for either 1995 or 1996 but not for both years. Part II Required Annual Payment Enter your 1996 tax after credits (see page 2 of the instructions) 22,051 Other taxes (see page 2 of the instructions) 3 3 2,848 4 Add lines 2 and 3 24,899 4 5 Earned Income credit Credit for Federal tax paid on fuels 6 6 7 7 8 8 Current year tax. Subtract line 7 from line 4 24,899 Multiply line 8 by 90% (.90) 9 22,409 Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the 10 4,620 Subtract line 10 from line 8, if less than \$500, stop here; do not complete or file this form, You do not owe the penalty 11 20,279 Enter the tax shown on your 1995 tax return (110% of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married filing separately for 1996, more than \$75,000). Caution: See page 2 of the instructions 12 17,496 Required annual payment. Enter the smaller of line 9 or line 12 17,496 Note: If line 10 is equal to or more than line 13, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above. Part III Short Method (Caution: See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or c in Part I, skip this part and go to Part IV.) Enter the amount, if any, from line 10 above 14 4,620 Enter the total amount, if any, of estimated tax payments you made 15 16 16 4,620 Total underpayment for year. Subtract line 16 from line 13. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above 12.876 Multiply line 17 by .05914 18 19 * If the amount on line 17 was paid on or after 4/15/97, enter -0-. If the amount on line 17 was paid before 4/15/97, make the following computation to find the amount to enter on line 19. Number of days paid 19 before 4/15/97 00025 20 PENALTY. Subtract line 19 from line 18. Enter the result here and on Form 1040, line 63; Form 1040A, line 34; Form 1040NR, line 63; Form 1040NR-EZ, line 26; or Form

761

1041. line 26

SCHEDULES A&B (Form 1040)

Schedule A-Itemized Deductions

(Schedule B is on back)

1996

Department of the Tressury Internal Revenue Service Attach to Form 1050. See Instructions for Schedules A and B (Form 1040). Your scalal security number Name(s) shown on Form 1040 Roberto Curbelo & Sandra Alvarez Medical Caution: Do not include expenses reimbursed or paid by others. and 1 Medical and dental expenses (see page A-1) Enter amount from Form 1040, line 32 Dental 2 Multiply line 2 above by 7.5% (.075) 3 Expenses 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-State and local income taxes Taxes You Real estate taxes (see page A-2) 4,388 Pald 6 Personal property taxes 7 45 7 (See Other taxes. List type and amount > page A-1.) 8 9 4,433 Add lines 5 through 8 Interest 10 18,903 10 Home mortgage Interest & points reported to you on Form 1098 You Pald Home mortgage Interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-2 and show that (See person's name, identifying no., and address page A-2.) 11 Note: Personal 12 Points not reported to you on Form 1098. See page A-3 interest is for special rules 12 13 Investment Interest. If required, attach Form 4952. (See deductible. 13 page A-3.) 14 Add lines 10 through 13 14 18,903 15 Gifts by cash or check. If you made any gift of \$250 or Gifts to more, see page A-3 15 1.375 Charlty 16 Other than by cash or check. If any gift of \$250 or more, If you made a 16 see page A-3. If over \$500, you MUST attach Form 8283 gift and got a benefit for it. 17 17 Carryover from prior year see page A-3. 18 18 Add lines 15 through 17 1,375 Casualty and 19 Theft Losses 19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.) Job Expenses 20 Unreimbursed employee expenses-job travel, union and Most dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-4.) > Other Miscellaneous Deductions 20 21 Tax preparation fees 21 22 Other expenses-investment, safe deposit box, etc. List (See page A-4 for type and amount > expenses to 22 deduct here.) 23 Add lines 20 through 22 23 24 Enter amount from Form 1040, line 32 . . . | 24 | 25 Multiply line 24 above by 2% (.02) 25 26 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-27 Other-from list on page A-4. List type and amount > Other Miscellaneous 27 Deductions Total 28 is Form 1040, line 32, over \$117,950 (over \$58,975 if married filing separately)? Itemized Your deduction is not limited. Add the amounts in the far right column 28 24,444 **Deductions** for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-5 for the amount to enter. * Limited by AGI Schedulo A (Form 1040) 1996 For Paperwork Reduction Act Notice, see Form 1040 Instructions.

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

1996

Attachment

Department of the Treasury Internal Revenue Service # Partnerships, joint ventures, etc., must file Form 1065.
 Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040)

Attachment Sequence No.

	e of proprietor			Social	security	number (SSN)
R A	Oberto Curbelo Principal business or profession, inc	cluding product or service (see a	page C-1)	B Ent	er princi	pal business code
-	Management, Real I				e page C	
c	Business name. If no separate business			- Decrease and Advanced		number (EIN), if any
_	Roberto Curbelo Ji					
E	Business address (including suite o		14780 SW 57th 7	errac		
	City, town or post office, state, and		Miami		FL	33193
F	Accounting method: (1)	Cash (2) Accrual	(3) Other (specify) >			
G	Did you "materially participate" in th	e operation of this business duri	ing 1996? If "No," see page C-2 for limit o	n losses		₩ Ves No
н	If you started or acquired this busin					
P	art I Income					
1	Gross receipts or sales. Caution: If	this income was reported to you	on Form W-2 and the *Statutory	_		
	employee" box on that form was ch	ected, see page C-2 and check	t here	▶ □	1	34,100
2	Returns and allowances				2	
3	Subtract line 2 from line 1				3	34,100
4	Cost of goods sold (from line 42 on				4	
5	Gross profit. Subtract line 4 from li	ne 3	la come a come a come de come a c		5	34,100
6	Other Income, including Federal & s	state gasoline or fuel tax credit o	r ref. (see page C-2)	*******	6	
7	Gross Income. Add lines 5 and 6				7	34,100
P	art II Expenses. Enter expe	enses for business use of your h	ome only on line 30.			
8	Advertising	8	19 Pension and profit-sharing plan	5	19	
9	Bad debts from sales or		20 Rent or lease (see page C-4):		No.	
	services (see page C-3)	9	a Vehicles, machinery, & equipme	int	20a	
10	Car and truck expenses	The Country of the	b Other business property		20b	
	(see page C-3)	10	21 Repairs and maintenance		21	
11	Commissions and fees	11	22 Supplies (not included in Part II	1)	22	
12	Depletion	12	23 Taxes and licenses		23	
13	Depreciation and section 179		24 Travel, meets, and entertainmen	t	12.00	
	expense deduction (not lricluded	The State of the S	a Travel		24a	4,250
	in Part III) (see page C-3)	13 90	4 b Meals and en-			
14	Employee benefit programs		tertainment	2,680		
	(other than on line 19)	14	c Enter 50% of			
15	Insurance (other than health)	15	in. 24b subject to limitations		1 1	
16	Interest:	DOM:	(see page C-4)	1,340		
a	Mortgage (paid to banks, etc.)	16a	d Subtract line 24c from line 24b		24d	1,340
b	Other	16b	25 Utilities		25	
17	Legal and professional		26 Wages (less employment credits	1)	26	
	services	17	27 Other expenses (from line 48 or			
18	Office expense	18	page 2)		27	8,050
28	Total expenses before expenses for	or business use of home. Add lin	es 8 through 27 in columns	•	28	14,544
			8	77.0		
29	Tentative profit (loss). Subtract line :	28 from line 7			29	19,556
30	Expenses for business use of your i	home. Attach Form 8829			30	
31	Net profit or (loss). Subtract line 30			_		
	* If a profit, enter on Form 1040, lin	ne 12, and ALSO on Schedule 5	SE, line 2 (statutory employees,	7		
	see page C-5). Estates and trusts,				31	19,556
	* If a loss, you MUST go on to line :	32.		١		
32	If you have a loss, check the box th	at describes your investment in	this activity (see page C-5).	7	72	_
	* If you checked 32a, enter the loss			L	32a	All investment is at risk.
	(statutory employees, see page C-5			r	32b	Some investment is not
	* If you checked 32b, you MUST at	The state of the s	The second secon	٦		at risk.

-	lule C (Form 1040) 1996 Management, Real Estate			Page :
9	Cost of Goods Sold (see page C-5)			
	Method(s) used to			
	value closing inventory: a Cost b Lower of cost or market c Other (sitach expla	ination)		
	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If		∏ Yes	п.,
	"Yes," attach explanation	T	Yes	□ №
	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
5	inventory at beginning of year, if different from last year's closing inventory, strach explanation	-		
16	Purchases less cost of liems withdrawn for personal use	36		
-	Total and the second of many transfer for personal and			
7	Cost of labor. Do not include salary paid to yourself	37		
38	Materials and supplies	18		
9	Other costs	19		
0	Add lines 35 through 39	10		
11	Inventory at end of year	11		
12	Cool of South Consecut Mile 11 Ment Mile 101 Miles Mile 100 Miles Child	2		
Par				
	line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page			
	C-3 to find out if you must file,			
14	When did you place your vehicle in service for business purposes? (month, day, year)			
14 a	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other		Yes	_
14 a 15	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use?	0		☐ No
14 a 15	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours?	8	Yes	No No
14 a 15 16 17a 17a	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction?	8	Yes Yes	No No No
14 a 15 16 17a 1	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours?	8	Yes Yes Yes	No No No
14 a 15 16 17a b	Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30.		Yes Yes Yes	No No No No
14 a 15 16 17a b	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
14 15 16 17a 17a 17a 17a	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a is is is is in par	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
14 15 16 17a 17a 17a 17a	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a is is is is in par	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
14 15 16 17a 17a 17a 17a	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a 5 6 7a b	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a 5 6 7a b	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a is is is is in par	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a 5 6 7a b	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a 5 6 7a b	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a 5 6 7a b	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a 5 6 7a b Par	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
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a 5 6 7a b Par	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	No No No No
a 5 6 7a b Par	Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? W Other Expenses. List below business expenses not included on lines 8-26 or line 30. Lephone		Yes Yes Yes	

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065.

OMB No. 1545-0074 1996

Department of the Treasury Internal Revenue Sarvice

Attach to Form 1040 or Form 1041. > See Instructions for Schedule C (Form 1040).

Nam	e of proprietor	a francisco	100 m		Social	securit	y number (SSN)
R	oberto Curbelo						
Α	Principal business or profession, Inc.		service (see page C	-1)			cipal business code
_	FMV of company car		ALC: NAME OF STREET				C-6) Þ
С	Business name. If no separate busi	ness name, leave t	olank.		D Em	ployer	ID number (EIN), if any
E	Business address (including suite of	\$7 \$50 \$1.50		14780 SW 57th T	errac		22102
_	City, town or post office, state, and		1	Miami		FL	33193
F	Accounting method: (1) Did you "materially participate" in the	Cash (2)	Accrual (3)	Other (specify)			
G	If you started or acquired this busin						. 2 Yes H No
H	art I Income	less during 1990, C	neck nere				
1	Gross receipts or sales. Caution: If	this income was re	ported to you on Fo	m W-2 and the *Statutory		TT	
•	employee" box on that form was ch				▶ □	11	600
2	Debump and ellermanes		2007			2	
3						3	600
4	Cost of goods sold (from line 42 on	page 2)				4	
-				***********			
5	Gross profit. Subtract line 4 from li	ne 3				5	600
6	Other income, including Federal & s					6	
7	Gross Income. Add lines 5 and 6				-	7	600
-	art II Expenses. Enter expe	7			-	1	
8	Advertising	8	19	Pension and profit-sharing plans		19	
9	Bad debts from sales or		20	Rent or lease (see page C-4):		40000000	
	services (see page C-3)	9		Vehicles, machinery, & equipment		20a 20b	
10	Car and truck expenses	10	b	Other business property		21	
	(see page C-3)	11	21	Repairs and maintenance Supplies (not included in Part III)		22	
11	Commissions and fees	12	22 23	Taxes and licenses		23	
12	Depletion Depreciation and section 179	12	24	Travel, meals, and entertainment		23	
13	expense deduction (not included			Travel		24a	
	in Part III) (see page C-3)	13		Meals and en-	*****	240	
14	Employee benefit programs	10	-	tertainment		1 1	
••	(other than on line 19)	14		Enter 50% of		+	
15	Insurance (other than health)	15		In. 24b subject		1 1	
16	Interest:			to limitations (see page C=4)		1 1	
	Mortgage (paid to banks, etc.)	16a		Subtract line 24c from line 24b		24d	
b	Other	16b	25	Utilities		25	
17	Legal and professional	100	26	Wages (less employment credits))	26	
	services	17	27	Other expenses (from line 48 on			
18	Office expense	18		page 2)		27	
28	Total expenses before expenses for	or business use of t	nome. Add lines 8 the	rough 27 in columns	>	28	0
29	Tentative profit (loss). Subtract line :					29	600
30	Expenses for business use of your I		8829			30	
31	Net profit or (loss). Subtract line 30				_		
	* If a profit, enter on Form 1040, lin			2 (statutory employees,	L	1 1	500
	see page C-5). Estates and trusts, a * If a loss, you MUST go on to line:		, ine 3.		r	31	600
32	If you have a loss, check the box th		westment in this set	vity (see page C=5)	ᆜ		
-	* If you checked 32a, enter the loss	기가 보고 있는 것이 없는 것이 없는 것이 없는 것이 없는데 없다고 있다.				32a	All investment is at risk.
	(statutory employees, see page C-5		[생김 시간 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		-	32b	Some investment is at risk.
	* If you checked 32b, you MUST at		, sinu sarroim 10	.,	١	JEE	at risk.
	II Jou circulat deb, you moo! at	TOTAL OTRO					417104.

Page 2

Schedule E (Form 1040) 1996

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Roberto Curbelo & Sandra Alvarez

Passive Income and Loss

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on fine 41 below. Real estate professionals must complete line 42 below.

Part II income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity, you MUST check either col. (e) or (f) of in. 27 to describe your investment in the activity. See page E-4. If you check col. (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check If foreign partnership		Investme (e) All is at risk	nt At Risk? (f) Some is not at risk
A	Curbelo & Sons, Inc.	S		59-2090259	X	
В	Natalie West Homes Inc.	S		65-0432520	X	
c	Natalie West, Inc.	S		65-0463227	X	
D	Natalie Cove, Inc.	S		65-0627017	Х	
E						

		Passive Income an	d Loss	No	enpassive income and Loss	
	***	assive loss allowed form 8582 if required)	(h) Passive income trom Schedule K-1	(i) Nonpassive loss trom Schedule K-1	(I) Section 178 expense deduction from FOFM 4562	(k) Nonpassive income from Schedule K-1
A		0				9,688
В		0				6,964
С		0				61,061
D		0	4 synthesis a sent nive	14,929		
E			N STRUGES COLUMN			
28a	Totals					77,713
b	Totals			14,929		
29	Add colu	mns (h) and (k) of line 28a			29	77,713
30	Add colu	mns (g), (i), and (j) of line 2	Bb .		30	14,929
31	here and	Include in the total on line		nes 29 and 30. Enter the result	31	62,784

Mart III	income or Loss From Estates and Trusts	
32	(a) Name	(b) Employer Identification number
A		
B		

Nonpassive income and Loss

		Form 8582 (f required)	from Schedule K-1	from Schedule K-1		Schedule K-1
A			- Preside Land			
В						
33a	Totals			The state of the s		
b	Totals		The second second		12.2	建筑加坡等的
34	Acid col	ns (d) and (f) of line 33a			34	
35	Add col	imns (c) and (e) of line 33b		- 17	35	
36	Total est	ate and trust income or (loss).	Combine lines 34 and 35. I	Enter the result here and include	F	

Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and included in the total on line 40 below.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder

(b) Employer (c) Excess inclusion from Schedules Q, line 2c (see page E-4) (d) Taxable income (net loss) (e) Income from Schedules Q, line 3b

38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below		38	
P	Part V Summary			
39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below		39	
40	TOTAL Income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line	17 >	40	62,784
41	Reconciliation of Farming and Fishing Income. Enter your gross		18.00	2

farming and fishing income reported on Form 4835, line 7; Schedule
K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and
Schedule K-1 (Form 1041), line 13 (see page E-4).

42 Reconciliation for Real Estate Professionals. If you were a real estate
professional (see page E-3), enter the net income or (loss) you reported
anywhere on Form 1040 from all rental real estate activities in which
you materially participated under the passive activity loss rules

42 9,688

Form 1040	116	U.S. Individual Inco		n 1997	96) IRS Use Only-D	o not write	or staple i	n this space.
	1.55	For the year Jan. 1-Dec. 31, 1997, or	other tax year beginning		1997, ending	,19		OMB No. 1545-0074
Label	L	Your first name and initial	Last	nama		Your so	ocial sec	urity number
(See	A	Roberto	Curbelo					
Instructions on page 10.)	B	If a joint return, spouse's first name	e and initial Last	náme .		Spouse	s's socia	security number
	L	Sandra	Alvarez					
Use the IRS label.	н	Home address (number and street)		e page 10.	Apt. no.	1535		finding line
Otherwise,	E	14780 SW 57th						s, see pages
please print	R	City, town or post office, state, an			10.	_	- T	the booklet. ote: Checking
or type.	E	Miami	FL 3	3193		Yes	140	es" will not
Presidential Election Campa	lan	Do you want \$3 to go to					X ch	ange your tax or
(See page 10.)		If a joint return, does you	ir spouse want \$3 to g	o to this fund?			X re-	duce your refund.
	1	Single						
Filing Status		X Married fläng joint return			600			
	3	Married filing separate re	turn. Enter spouse's s	ocial security no. abo	ove			
Check only		and full name here. >	lift/ion person), (See page 1	0.) If the qualitying perso	on is a child			
one box.	4	Head of household with qua but not your dependent, entar	rthis child's name here.	b annual alled b	19). (See page	10.)		
	5	Qualifying widow(er) with			THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN			No. of boxes
F	6a	Yourself. If your parent		ciaim you as a depe	indent on his or her w.			checked on 6a and 6b
Exemptions		return, do not	Check box ba				[No. of your
	0	Spouse Dependents:		(2) Dependent	(3) Depende	16		children on 6c
	•	Dependents.					months	^o lived with
		(1) First name La	st name	social security num		·· /y	mare bonne	odid not live
		(1) First name	st name		you	-	H1 1847	edid not live with you due to divorce or seperation (see page 11)
If more than six		-		 		-		separation
dependents,								
see page 10.		TE VENEZIONE POR CONTRACTOR						Dependents on 6c not
			make the second of	120				entered above
				(0.0)				Add numbers
	d	Total number of exemptions of	almed bemla					entered on lines above >
	7	Wages, salaries, tips, etc. Attac	- F(-) W 0			7		44,46
income	8a	Texable Interest. Attach Sched	ule B If required			8	a	19
Attach	b	Tex-exempt interest. DO NOT	Include on line 8a	8b		1000	100	
Copy B of your	9	Dividends. Attach Schedule B				8		
Forms W-2, W-2G, and	10	Taxable refunds, credits, or off	sets of state and local	ncome taxes (see pr	ige 12)	10	_	
1099-R here.	11	Alimony received				11	1	
If you did not	12	Business income or (loss). Atta	ch Schedule C or C-E	z		12		102,82
get a W-2,	13	Capital gain or (loss). Attach Sc				13		
see page 12.	14	Other gains or (losses). Attach	*********			14		
	15a	Total IRA distributions	15a		able amount (see pag	_		
	16a	Total pensions and annuities	160		able amount (see pag			20 05
Enclose, but do not attach any	17	Rental real estate, royalties, par Farm income or (loss). Attach 8		one, wusts, etc. Alisc	n ocnedule E	18		28,05
payment. Also,		Unemployment compensation	puriousid F			19	_	
please use	19		Ten-1	T - 7	able amount (see pag		_	
Form 1040-V.	20a	Social security benefits	[20a]		arve emount (see bag	21	_	
	21	Other Income. List type & amos Add the amounts in the far righ	CONTROL OF THE PARTY OF THE PAR	numb 21 This is used	rtotal Income	Þ 22	_	175,52
	22	IRA deduction (see page 16)	Solumn for lines / th	23	Total moome	- 22		113,32
Adjusted	24	Medical savings account deduc	don Attach Form 895		 	——[读		
Gross	25	Moving expenses. Attach Form		25	 	100	13	
Income	26	One-half of self-employment to		recent to the contract of the	A .	526		
	27	Self-employed health insurance		TATAL STREET	4,1	0.50		
filne 32 is under	28	Keogh and self-employed SEP		28			腊	
\$29,290 (under \$9,770 If a child	20	Penalty on early withdrawal of		29				
did not live with		a Allmony paid b Recipient's		30a	 			
you), see EIC inst	21	Add lines 23 through 30a		200		31		4,62
on page 21.	32	Subtract line 31 from line 22. Ti	his is your adjusted or	osa Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ 32	_	170,90
	96	CAMBROL MIS OF HUITI MISS EZ. 11	me to Jour enlanted Br	THE HISTORIES		- 02		210,30

		for yours Avel A. Gonzalez,			EIN	
	reperer's Ignature	一	9/21/98	Check If self-employed	П	65-07769
for your records.	111111111111111111111111111111111111111		Date	5 a. da.		Preparer's social securit
Keep a copy of this return	Spous	e's algnature. If a joint return, BOTH must sign.	Date	Spouse's occupatio	n	
Here	Your s	gnature — — —	Date	Your occupation		
o.g	eller, they	are true, correct, and complete. Declaration of preparer jother tha	1	1	rer nas a	ну кложивора.
	inder pens	ities of perjury, I declare that I have examined this return and acco	mpenying schedules and state	menta, and to the best	of my kn	owledge and
You Owe	65	Estimated tax penalty. Also include on line 64	65	1,20		() () () () () ()
Amount		For details on how to pay, see page 27			64	42,2
		If line 63 is more than line 60, subtract line 60 from line		YOU OWE	123	
and fill in 62b, 62c, and 62d.	63	Amount of line 61 you want APPLIED TO YOUR 1998	EST. TAX > 63			
See page 27 and fill in 62b,	Þ d	Account number				
directly deposited!		- 6 typ	[] Simoning [] 6		100	
Have It	b b		e: Checking S		1000	
Refund	61 62a	Amount of line 61 you want REFUNDED TO YOU	oo. Tree is the amount yo	D OVERPAID		
	60	Add in. 54, 55, 66a, 67, 58, a 69. These are your total payment if line 60 is more than line 53, subtract line 53 from line		OVERRAID	61	3,0
the front.	59	an Con-Carry Talench You (1912년 1480년 1480년 1480년 1480년 1780년 1782년 1780년 1782년 1782년 1780년 1782년 1782년 1782년		-	60	4,6
1099-R on	58	Excess social security and RRTA tax withheld (see pag Other payments. Check if from 8 Form 2439 b	68			
Forms W-2, W-2G, and	57	Amount paid with Form 4868 (request for extension)			-	9
Attach		and type >	56a		- 3360	ı
		child b Nontaxable earned inc.: amt >				1
	56a	Earned Income credit. Attach Sch. EIC if you have a	qualifying			
Payments	55	1997 estimated tax payments & amount applied from 1				i i
	54	Federal Income tax withheld from Forms W-2 and 109	9 54	4,69	8	
	53	Add lines 48 - 62. This is your total tax			53	45,
	52	Household employment taxes. Attach Schedule H				
	51	Advance earned income credit payments from Form(s)				
	50	Tax on qualified retirement plans (including IRAs) & M			50	
Taxes	49	Social security and Medicare tax on tip income not rep	orted to employer. Attach	Form 4137	49	A
Other	48	Alternative minimum tax. Attach Form 6251			48	
	47		30, orner -		47	9,3
	46	Add lines 40 through 44 Subtract line 45 from line 39, If line 45 is more than line	39, enter -0-	•	46	36,4
	45			AND AND THE PROPERTY OF THE PROPERTY OF	45	
	44	c Form 8801 d Form (specify)	44			
	43	Foreign tax credit. Attach Form 1116 Other. Check if from a Form 3800 b				
	42	Adoption credit, Attach Form 8839	43			
Credits	41	Credit for the elderly or the disabled. Attach Schedule			- 200	1
0	40	Credit for child and dependent care expenses. Attach				
		b		<u>_</u>	39	36,4
page 18.	39	Tax. See page 19. Check if any tax from a Fo	orm(s) 8814		STAR S	36
figure your tax, see	38	Taxable Income, Subt. line 37 from line 36. If in. 37 is		-	38	144,4
the IRS to		line 6d. If line 33 is over \$90,900, see the worksheet or			37	5,3
If you want	37	If line 33 is \$90,900 or less, multiply \$2,650 by the total	number of exemptions of	almed on	255	
	36	Subtract line 35 from line 33			36	149,7
			lling separately-\$3,460		DECK!	1
		can ctaim you as a dependent. of Single-\$4,160 Married filing jointly or	Qualifying widowerter)-86,900	Γ		
		the Standard deduction shown below for your	filing status. BUR see 34b Of someone	L	35	21,1
	35	Enter Hembred deductions from Schedule A. line	28. OR		18. 15	
	-	you were a dual-status alien, see page 18 and check		▶ 34b 🛮		
tation	b	If you are married filing separately and your spouse its	***********			
Compu-		Add the number of boxes checked above and enter the				
	3.6m	Check if: You were 65 or older, Blind;	Spouse was 65 or old	er, Blind.	####	1
Tax	33	Amount from line 32 (adjusted gros: Income)			- Contractor	170,

Form 2210

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

See separate instructions.

OM 8 No. 1545-0140

1997

Form 2210 (1997)

Dep	artment of the Treasury neil Revenue Service	> Attach to I	Form 1040, 1040A, 1040NR,	, 1040NR-EZ, or 10	141.	Attachment Sequence No. 0	6
_	e(s) shown on tax return	CONTRACTOR AND CO	ma and		Identifying n	umber	
	oberto Curbelo &			136			
	e: In most cases, you do not nee						
	only if one or more boxes in Pa				to figure your penalty.		
	er the amount from line 20 or line						_
ER.	Reasons For Fil						
			file Form 2210 with your tax	return. If 1d below	applies to		
		and file Form 2210 with you					_
1	Check whichever boxes apply (7			
		ertain circumstances, the li	RS will waive all or part of th	e penalty. See Wal	ver of Pensity on		
11140	page 1 of the instructions.						
Ь	You use the annualized inc			ng the year, this me	thod may reduce the		
	amount of one or more req						
c			d, for estimated tax purposes				
		hheld, instead of in equal	amounts on the payment du	le dates. See the in	sanctious to.		
	line 22 on page 3.						
d	Your required annual paym		d on your 1996 tax and you	med or are ming a	joint return for either		
	1998 or 1997 but not for bo						
E	Required Annua	AND THE PROPERTY OF STREET					
2	Enter your 1997 tax after credits						
	a special rule if claiming the res	earch credit			2	36,4	
3	Other taxes (see page 2 of the I	instructions)			3	9,2	
4	Add lines 2 and 3			7.2.7	4	45,7	01
5	Earned Income credit			5			
6	Credit for Federal tax paid on fu	rels			- News		
7	Add lines 5 and 6				7	45,7	0.1
8	Current year tax. Subtract line 7 Multiply line 8 by 90% (.90)	from line 4,		1	41,131	43,7	U
9	Withholding taxes. De not inclu	de and adjusted for non-		2 of the	41,131		
10					10	4,6	00
11	Instructions) Subtract line 10 from line 6. If le	es then \$500, stop been d	in not complete or file this fr	nem Vou	······	4,0	30
•	do not owe the penalty		o not comprehe or me no n		11	41,0	003
12	Enter the tax shown on your 19	98 tax return (110% of the	amount if the adjusted grow	ss Income		7270	-
-	shown on that return is more th		[19] [19] [10] [10] [10] [10] [10] [10] [10] [10				
	\$75,000). Caution: See page 2				12	24,8	99
13	Required annual payment, En	ter the smaller of line 9 or	line 12	• • • • • • • • • • • • • • • • • • •	13	24,8	
	Note: If line 10 is equal to or r	more than line 13, stop her	e; you do not owe the pena	ity. Do not			
	file Form 2210 unless yo	ou checked box 1d above.		1			
P	The state of the s	AND THE PROPERTY OF THE PROPER	the instructions to find out if	you can use the sh	ort method. If		
_		or c in Part I, skip this part	and go to Part IV.)				_
14	Enter the amount, if any, from li	********		14	4,698		
15	Enter the total amount, if any, or	f estimated tax payments y	ou made	15	2000		
16	Add lines 14 and 15				16	4,5	98
17	Total underpayment for year.					200	overess.
lat Care	not owe the penalty. Do not file	Form 2210 unless you chi	icked box 1d above			20,2	
18	Multiply line 17 by .05988					1,2	09
19	• If the amount on line 17 was						
	* If the amount on line 17 was		ke the following computation	n to find the			
	amount to enter on line 19.	Amount on	Number of days paid		NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,		
	APPLIANT A ALCOHOL ACCO	line 17		X .00025	19		_0
20	PENALTY. Subtract line 19 from			65; Form			
	1040A, line 34; Form 1040NR, II	ne 65; Form 1040NR-EZ,	ine 25; or Form				
	1041, line 27				▶ 20	1,2	09

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

SCHEDULES A&B (Form 1040)	Schedul	Deductions OMB NO. 1544-007
Internal Revenue Service Name(a) shown on Form 104	po Attach to Form 1040.	See instructions for Schedules A and 8 (Form 1949). Your social security number
rto	Curbelo & Sandra Alvarez	A STATE OF THE PARTY OF THE PAR
Medical	Caution: Do not include expenses reimbursed or paid by others.	
Dental	2 Enter amount from Form 1040, line 33 2	
Expenses	3 Multiply line 2 above by 7.5% (.075)	3
Tayas Voll	4 Subtract line 3 from line 1, if line 3 is more than line 1, enter -G-	
	6 Real estate taxes (see page A-2)	6 4,387
(See	7 Personal property taxes	
page A-2.)	8 Other taxes. List type and amount >	200
	Other Taxes	8 55 Mills
Interact	10 Home movings interest £ points reported to usu on Form 1008	
۵.		
(See page A-2.)	person from whom you bought the home, see page A-3 and show that person's name, Identifying no., and address P	
Personal 1	12 Points not reported to you on Form 1098. See page A-3	
not	for special rules	12
deductible.	13 Investment interest. Attach Form 4952 if required. (See	: 700 E
	14 Add lines 10 through 13	14 16.650
Gifts to 1	15 Clifts by cash or check. If you made any gift of \$250 or	
Charity	more, sae page A-3	1,508
If you made a	tee page A-3. You MIST attach Form 8283 if over \$500	
benefit for it,	17 Carryover from prior year	
Cantally and	Te Add lines to trough 17	18 000,1
Theft Losses 19	19 Casually or that loss(es). Attach Form 4884. (See page A-4.)	5
Job Expenses 20	- 1	
Other	or 2106-EZ if required. (See page A-4.) >	
Miscellaneous		
	21 Tax preparation fees	21
(See 2		
expenses to	type and amount >	
aeduct nere.)	23 Add lines 20 through 22	23
2		
	Multiply line 24 above by 2% (.02)	25
Other 2	27 Other-from list on page A-5 List line and amount P	85
llaneous		
Deductions		27
	28 is Form 1040, line 39, over \$121,200 (over \$50,600 if married filing separately)? NO Your deduction is not limited. Add the amounts is the for dots on the second or t	parately)?
Ded uctions		larger of > 28 21, 10
or Danamunsk Bad	tradion Act Moliton and Enem ACAN instructions	TANATON L

Department of the Treasury Internal Revenue Service (99)

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

 Partnerships, joint ventures, etc., must file Form 1065. Attach to Form 1040 or Form 1841. > See Instructions for Schedule C (Form 1040).

1997 Attachment Seguence No. 09

Social security number (SSN) Name of proprietor Roberto Curbelo Principal business or profession, including product or service (see page C-1) B Enter principal business code (see page C-6) ▶ Management, Real Estate D Employer ID number (EIN), If any Business name. If no separate business name, leave blank. Roberto Curbelo Jr. 14780 SW 57th Terrace Business address (including suite or room no.) FL 33193 Miami City, town or post office, state, and ZIP code Accounting method: (1) Account (3) Other (specify) Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses Yes If you started or acquired this business during 1997, check here Part I Income Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here 1 115,029 Returns and allowances 115,029 Subtract line 2 from line 1 Cost of goods sold (from line 42 on page 2) 4 Gross profit. Subtract line 4 from line 3 115,029 Other income, including Federal & state gasoline or fuel tax credit or ref. (see page C-2) 6 Gross Income. Add lines 5 and 6 7 115.029 Part III Expenses. Enter expenses for business use of your home only on line 30. Pension and profit-sharing plans Advertising 8 20 Bad debts from sales or Rent or lease (see page C-4): services (see page C-3) Vehicles, machinery, & equipment 20a Car and truck expenses (see page C-3) Repairs and maintenance 21 10 21 Supplies (not included in Part III) Commissions and fees 22 11 22 Taxes and ficenses Depletion 23 23 12 12 Depreciation and section 179 24 Travel, mesis, and entertainment: 24a Travel 3,125 expense deduction (not included in Part III) (see page C-3) 904 13 Meals and en-2,460 tertalnment Employee benefit programs 14 Enter 50% of (other than on line 19) In. 24b subject Insurance (other than health) 15 15 to fimitations (see page C-4) Interest Subtract line 24c from line 24b Mortgage (paid to banks, etc.) 16: 1,230 16b Utilities 25 Other 25 Wages (less employment credits) 26 17 Legal and professional 26 services 17 Other expenses (from line 48 on Office expense 18 page 2) 27 7,700 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 28 12,959 Tentative profit (loss), Subtract line 28 from line 7 102,070 99 Expenses for business use of your home. Attach Form 8829 Net profit or floss). Subtract line 30 from line 29. * If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, 31 102,070 see page C-5). Estates and trusts, enter on Form 1041, line 3. "If a loss, you MUST go on to line 32, If you have a loss, check the box that describes your investment in this activity (see page C-5). * If you checked 32s, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 All investment is at risk 32b Some investment is not (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. * If you checked 32b, you MUST attach Form 6198.

	dule C (Form 1040) 1997 Management, Real Estate Cost of Goods Sold (see page C-5)		
-			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation	a.	
	value closing inventory: a Cost b Lower of cost or market c Other (attach explanation) Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If	,	
14		Yes	ПМ
	"Yes," attach explanation	L	L
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35		
-			
36	Purchases less cost of liems withdrawn for personal use		
37	Cost of labor. Do not include salary paid to yourself		
38	Materials and supplies 38		
39	Other costs 39		-
	Add lines 35 through 39		
10	Add lines 35 through 39		
	Inventory at end of year 41		
••	inventory at this or year	-	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4		
-	Information on Your Vehicle. Complete this part ONLY if you are claiming car or truck expenses on		
	line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page		
	C-3 to find out if you must file.		
	When did you place your vehicle in service for business purposes? (month, day, year) >		
13 14 a 15	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other		☐ No
44 a 15	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours?		No No
14 a 15 16	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction?	Yes Yes	No No
44 a 45 46 17a b	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No
14 15 16 17a b	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No No
14 15 16 17a b	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No No
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14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes Yes	No No No No
14 a 15 16 17a b Pa	Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: Business b Commuting c Other Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for use during off-duty hours? Do you have evidence to support your deduction? If Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	Yes Yes Yes	7,250 450

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

> Partnerships, joint ventures, etc., must file Form 1065.

OMB No. 1545-0074 1997

Social security number (SSN)

Attachment Sequence No.

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040). Name of proprietor

Roberto Curbelo B Enter principal business code Principal business or profession, including product or service (see page C-1) (see page C-6) ▶ FMV of company car D Employer ID number (EIN), if any Business name. If no separate business name, leave blank. Business address (including suite or room no.) 14780 SW 57th Terrace FL 33193 Miami City, town or post office, state, and ZIP code (1) Cash (2) Accrual (3) Other (specify) Accounting method: Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses G If you started or acquired this business during 1997, check here Part Income Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory 750 employee" box on that form was checked, see page C-2 and check here 2 Returns and allowances 750 Subtract line 2 from line 1 Cost of goods sold (from line 42 on page 2) 750 Gross profit, Subtract line 4 from line 3 Other Income, Including Federal & state gasoline or fuel tax credit or ref. (see page G-2) 6 750 Gross Income. Add lines 5 and 6 Part III Expenses. Enter expenses for business use of your home only on line 30. Advertising Pension and profit-sharing plans Rent or lease (see page C-4): Bad debts from sales or Vehicles, machinery, & equipment services (see page C-3) Car and truck expenses Repairs and maintenance 10 21 (see page C-3) 21 Commissions and fees Supplies (not included in Part III) 22 11 22 Texes and licenses 12 Depletion 12 23 Travel, meals, and entertainment: Depreciation and section 179 Travel 24s expense deduction (not included Meals and en-In Part III) (see page C-3) 13 tertainment Employee benefit programs Enter 50% of (other than on line 19) In. 24b subject Insurance (other than health) 15 to limitations (see page C-4) Interest: Mortgage (paid to banks, etc.) d Subtract line 24c from line 24b 16 16b 25 Utilities 25 Other Legal and professional Wages (less employment credits) 26 services 17 Other expenses (from line 48 on 18 page 2) Total expenses before expenses for business use of home. Add lines 8 through 27 in columns Tentative profit (loss). Subtract line 28 from line 7 29 750 30 30 Expenses for business use of your home. Attach Form 8829 Net profit or (loss). Subtract line 30 from line 29. * If a profit, enter on Form 1949, line 12, and ALSO on Schedule SE, line 2 (statutory employees, 750 see page C-5). Estates and trusts, enter on Form 1041, line 3. * If a loss, you MUST go on to line 32. If you have a loss, check the box that describes your investment in this activity (see page C-5). * If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. 32b Some Investment is not * If you checked 32b, you MUST attach Ferm 6198.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

(f) Other Income from

Roberto Curbelo & Sandra Alvarez

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line

41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity, you MUST check either col. (e) or (f) on in. 27 to describe your investment in the activity. See page E-4. If you check col. (f), you must attach Form 6198.

27	(a) Name	for partnership:	(C) Check if foreign partnership	(d) Employer identification number	investment (e) All is at risk	t At Risk? (f) Some is not at risk
AT	Curbelo & Sons, Inc.	S		59-2090259	Х	
В	Natalie West Homes Inc.	S	-	65-0432520	X	
c	Natalie West, Inc.	S		65-0463227	Х	
0	Natalie Cove, Inc.	S		65-0627017		
E						
	Passive Income and Loss		Nonnessive	Income and Loss	10000	

		Passive income and	COSS	140	mpasaire income and cose	
		asive loss allowed orm 8582 if required)	(h) Passive income from Schedule K-1	(I) Nonpassive loss from Schedule K-1	(f) Section 179 expense deduction from FORM 4562	(k) Nonpassive Income trom Schedule K-1
A		0				3,366
B		0	72 - L. T. L	438		
c		0				26,782
D		0		1,660		
Ξ				Later and account of the		
28a	Totals					30,148
b	Totals			2,098		
29	Add colur	mns (h) and (k) of line 28a	dispersion and the second second		29	30,148
30	Add colur	mns (g), (i), and (j) of line 28t			30	2,098
31		nership and S corporation in Include in the total on line 40		s 29 and 30. Enter the result	. الل	28,050

32	(a) Name	(b) Employer Identification number
A		
3		
	Passive Income and Loss	Nonpassive Income and Loss

(e) Deduction or loss

	jattach Fo	rm 8582 If required)	from Schedule K-1	from Schedule K-1		Schedule K-1
A		100 E 100 A	S. Windstiff,	建 基层		
В			ON THE RESERVE			
33a	Totals		展的。我们还是否是否是	THE RESIDENCE OF THE PARTY OF T		
b	Totals		是一个学习是这些学生的		200	
34	Add column	ns (d) and (f) of line 33a			34	
35	Add column	ns (c) and (e) of line 33b			35	
36			Combine lines 34 and 35. E	inter the result here and include		
	In the total .	on tion 40 holour			9.6	1

37	(a) Name	(b) Employer Identification number	(C) Excess inclusion from Schedules Q, line 2c (see page E-S)	(d) Taxable Income (net loss) from Schedulins Q, line 15	(e) income from Schedules Q, tine 3b
38 Combi	se columns (d) and (e) only	. Enter the result here and Inch	ude in the total on line 40 halo	w 38	

P	an V Summary		elesterierische befolierische beische beiteilschen	-	
39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below			39	
40	TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here an	d on Form 10	40, line 17 ▶	40	28,050
41	Reconciliation of Farming and Fishing Income. Enter your gross			ELECTION I	
	farming and fishing income reported on Form 4835, line 7; Schedule	1 1			
	K-1 (Form 1065), line 15b; Schedule K-1 (Form 11208), line 23; and				
-	Schedule K-1 (Form 1041), line 14 (see page E-5)	41		E SE	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional (see page E-4), enter the net income or (loss) you reported				
	anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	3,366		

-	edule SE (Form 1040) 1997			Attachment Sequence No. 17	Page 2
Name	of person with self-employment income (as shown on Form	1040)		ecurity number of person	
R	oberto Curbelo		with 60	If-employment Income >	
Sec	tion B-Long Schedule SE				
P	Self-Employment Tax				
	: If your only income subject to self-employment tax is				
	nd go to line 6a. Income from services you performed	as a minister or a member	of a religious order i	s not church employee	
	ne. See page SE-1.				
A	If you are a minister, member of a religious order, or had \$400 or more of other net earnings from self-em				• N
1	Net farm profit or (loss) from Schedule F, line 36, and 1065), line 16a. Note: Skip this line if you use the farr	프로젝트 가게 살아보다 사람들이 가는 사람들이 가는 사람이 있다.		1	
2	Net profit or (loss) from Schedule C, line 31; Schedul				
	1085), line 15a (other than farming). Ministers and me	embers of religious orders,	see page SE-1	1.1	
	for amounts to report on this line. See page SE-2 for				220
	If you use the nonfarm optional method. See page St	E-3		2	102,820
3	Combine lines 1 and 2 If line 3 is more than zero, multiply line 3 by 92.35% (7.000 II		3	102,820
48	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter an	nount from line 3		94,954
D	If you elected one or both of the optional methods, at Combine lines 4a and 4b. If less than \$400, do not fil				
C	tax. Exception. If less than \$400 and you had church	All the brightening and the second se		» 40	94,954
5a	Enter your church employee income from Form W-		T I		34,334
-	page SE-1 for definition of church employee income		5a	(DROUGH	
b	Multiply line 5a by 92.35% (.9235). If less than \$100, a	enter -0-		5b	0
6	Net earnings from self-employment. Add lines 4c a	and 5b		6	94,954
7	Maximum amount of combined wages and self-empi			- 17	
	tax or the 6.2% portion of the 7.85% railroad retirement		Comprise	7	65,400
Ba	Total social security wages and tips (total of boxes 3	and 7 on Form(s)	Cho As a	12 222	
	W-2) and railroad retirement (tier 1) compensation. Unreported tips subject to social security tax (from Fo	4497 Hop (0)	8a	13,000	
6			TO A TO SHARE WAS A STREET, THE PARTY OF THE	8c	13,000
9	Add lines 8a and 8b Subtract line 8c from line 7. If zero or less, enter -0-	here and on line 10 and on	to line 11	b 0	52,400
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)			10	6,498
11	Multiply line 6 by 2.9% (.029)			11	2,754
12	Self-employment tax. Add lines 10 and 11. Enter he	re and on Form 1040, line	47	12	9,252
					19年20年 新月 24万 (FAX)。
13	Deduction for one-half of self-employment tax. Mr 50% (.5). Enter the result here and on Form 1949, lin		113	4,626	
DAR DECEMBER				4,020	
	Optional Methods To Figure Net	Earnings (See page Si	E-3.)		
	Optional Method. You may use this method only if:				
	ur gross farm income 1 was not more than \$2,400, or	and days assetts to some land	than 64 722		
14	ar gross farm income 1 was more than \$2,400 and your Maximum income for optional methods	net tarm prosts 2 were les	s than \$1,733.	14	1.600
15	Enter the smaller of: two-thirds (2/3) of gross farm in	come 1 (not less than ram)	or \$1,600 Also	······	1,600
	Include this amount on line 4b above			15	
Nonf	arm Optional Method. You may use this method only		hata-hada-kadkada-hada-da-da-da-da-kada-da-kada-da-	***********	20
	ar net nonfarm profits 3 were less than \$1,733 and also		gross nonfarm		
ncon	ne, 4 and				
	a had not earnings from self-employment of at least \$4	The state of the s			
	on: You may use this method no more than five times.				
6	Subtract line 15 from line 14			16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	ro) or the amount	-	
	on line 16. Also, include this amount on line 4b above	1	····		
	Schedule F, line 11, and Schedule K-1 (Form 1985), line 15b.	From Schedule C, line 31; I	Schedule C-EZ, fine 3; s	nd Schedule K-1 (Form 1085), line	164.
	Schedule F, line 38, and Schedule K-1 (Form 1085), line 15a.	1 4		d Schedule K-1 (Form 1086), line 1	

Department of the Treasury Internal Revenue Service

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach this form to your return.

OMB No. 1545-0172

1997

schment o

Name (s) shown on return Identifying number Roberto Curbelo & Sandra Alvarez Business or activity to which this form relates Management, Real Estate Part 1 Election To Expense Certain Tangible Property (Section 179) (Note: 17 you have any "lated property," complete Pt. U before Pt. U Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions 2 Total cost of section 179 property placed in service. See page 2 of the instructions Threshold cost of section 179 property before reduction in limitation 3 \$200,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar Emilation for tax year, Subtract line 4 from line 1, If zero or less, enter -0-, If married fling separately, see page 2 of the instructions (iii) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter amount from line 27 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from 1998, See page 3 of the instructions 10 10 11 Business income limitation. Enter the smaller of trusiness income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12 use Part II or Part III pelow for liated property fautomobiles, certain other vehicles, cellular telephones, lers, or property used for entertainment, recreation, or amusement), instead, use Part V for listed property. MACRS Depreciation For Assets Placed in Service ONLY Ouring Your 1997 Tax Year to Not Include United Property. Section A-General Asset Account Election If you are making the election under section 168(I)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions Section B-General Depreciation System (GDS) (See page 3 of the instructions.) (b) Month and (d) Recover (C) Basis for depreciation (e) Convention (B) Classification of property (7) Method (g) Depreciation deduct period only-see instructions) 15a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. SA Residential rental 27.5 yrs. MM property 27.5 yrs. MM SAL Nonresidential real MM 39 yrs. SAL MM property SAL Section C-Alternative Depreciation System (ADS) (See page 6 of the instructions.) 16a Class life SA b 12-year 12 yrs. SAL Other Depreciation (Do Not Include Listed Property.) (See page 6 of the instructions.) GDS and ADS deductions for assets placed in service in tax years beginning before 1997 17 904

Summary (See page 7 of the instructions.)

For assets shown above and placed in service during the current year, enter

Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

Property subject to section 168(f)(1) election

Listed property. Enter amount from line 28

ACRS and other depreciation

904

18

18

19

20

CUR 89688 0416 1:59

Form 4868

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

Department of the Treasury Internal Revenue Service	For calendar year 1997, or other tax year beginning	, ending	1997
Part 1 Identification		Part II Individual Texas	
1 Your name(s) (see instructions Roberto Sandra Address (see instructions)	Curbelo Alvarez	4 Total tax liability for 1997 \$ 5 Total 1997 payments 6 Balance. Subtrect 5 from 4	9,52 1,52 8,00
14780 SW 57t		Part III GIR/GST Yax - If you are not filing tax return, go to Part IV now. See t	
Miami	FL 33193	7 Your gift or GST tax payment \$	
2 Your social security num	mber 3 Spouse's social security no.	8 Your spouse's girt/GST tax payment Part 19 Total	
		9 Total liability. Add lines 6, 7, and 6 \$	8,000

2688

Application for Additional Extension of Time To File U.S. Individual Income Tax Return

See instructions on back.

1997

Internal Revenue Se	Preasury Pri	You MUST complete all items that apply to you.	
Please type or print.	Your first name and initial Roberto	Curbelo	Your social security numb
File by the due date for filing your return.	If a joint return, spouse's first name and initial	Last name	Spouse's social security n

Home address frui 8855 S.W. iber and street) 27th

Street

1 I request an extension of t		Miami
me und		0000
	Please	FL.
9	9 10	w
5	in	33165
0/15/98	the	65
3	Retur	
Sin Form 1040EZ Form 1040A, Form 104	Label	
MEZ.	9,	
Form	he b	
10404	ottom	
For	2	
5	this	
5	page.	

- Form 1040NT-EZ, or Form 1040NR for the calendar year 1997, or other tax year ending
- Explain why you need an extension. You must give an adequate explanation >

 Additional time is requested to gather information to prepare a
 complete and accurate return.
- If you checked "No," we will grant your extension only for undue hardship. Fully explain the hardship in flam 2. Attach any Have you fied Form 4558 to reques 200 domatic auteration of time to tile for this tax year? X ¥ 88 2

If you expect to have to file a gift or generationinformation you have that helps explain the hardship. ing transfer (GST) tax return, complete line

due by April 16, 1998, see the instructions and check here.

Signature and Verification If you or your spouse plan to file a gift or GST tax return (Form 709 or 709-A) for 1997, generally

Yourself

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and, if prepared by sor em authorized to prepare this form. sone other than the taxpayer, that

Signature of taxpayer

Signature of prepare Signature of spouse (If filling job ly, BOTH must sign even if only one had income.)

other than taxpayer

v 8/14/98 Date

Date P

and add the agent's name. Please til in the Return Label below with your warne, address, and social security number. The IRS will complete the Notice Scart and return It to you. If you want It eant to another address or to an agent acting for you, enter the other address

To Be Completed by the IRS Notice to Applicant We cannot consider your application because it was filed after the due date of your return. we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period We HAVE NOT approved your application. After considering the information you provided in item 2 above considered a valid extension of time for elections otherwise required to be made on a timely return. However, we have granted a 10-day grace period to We HAVE NOT approved your applicat We MAVE approved your application Return Label (Flease type or print) (Agenta: Always include taxpayer's name.) This grace period is Date (Do not detach)

A. ma, If ap PA

Avel Gonzalez, ide suite, room, or apt. no.) or P.O. box sumbs:

2688 SW 137th Avenue

City, town or post office, Miami

For Paperwork Reduction Act Notice, see back of form.

FL 33175

Form 2688 (1997)

Form 2688

DAA

Application for Additional Extension of Time To File U.S. Individual Income Tax Return

> See instructions on back.

OM B NO. 1545-008

1997

internal Revenue	Service >	You MUST complete all I	tems that apply to you.	
Please type or print.	Roberto	Curbelo		Your social security number
File by the du- date for filing your return.	Sandra	Alvarez		Spouse's social security number
Home address (m.				
	SW 57th Terrace			
Miami	FL 3319	3		
	Please fill in t	he Return Label at th	egeq sint to mottod en	
Form 10	an extension of time until 10/15/ 40NR-EZ, or Form 1040NR for the calandar	year 1997, or other tax year	ending	·
Add	only you need an extension. You must give a itional time is reques plete and accurate ret	ted to gather	information to p	
If you ch	I fied Form 4868 to request an automatic ex ecked "No," we will grant your extension only	y for undue hardship. Fully e	tax year? uxplain the hardship in item 2. A	Yes No
Information of the	on you have that helps explain the hardship. to have to file a gift or generation-skippin	n transfer (GST) tex return	complete line 4.	
	your apouse plan to file a gift or QST tax ret.			Yourself >
	pril 15, 1998, see the instructions and check	here		Spouse
		Signature and Verif	cation	
Signature of sp Signature of pr other than texp	operer by Control of the points and the points of the poin	EV	CIA Date	
Please fill in the to Applicant or and add the ag	n Return Label below with your name, address nd return it to you. If you want it sent to anot pent's name.	ess, and social escurity num her address or to an agent (ber. The IRS will complete the historing for you, enter the other ac	ldress
			THE STATE OF	EG
Notice to	We HAVE approved your application We HAVE NOT approved your application However, we have granted a 10-day	grace period to	AUG 1 5 1998	Racio period is
Applicant	considered a valid extension of time	for elections otherwise requi	red to be made on a timely retu	m.
To Be Completed by the IRS	We HAVE NOT approved your application We cannot grant your request for an of the cannot consider your application Other	extension of time to file. We	are not granting a 10-day grace	n 2 above, s period.
-	Ole	ector		Date
			sys include texpayer's name.)	
	me and agent's name, if applicable). If a joint return, Gonzalez, PA	also give spouse's name.	Yavnaver's social security to	mpet
Number and street	t probate suffe, room, or ept. no.) or P.O. box number 7 137th Avenue		Spause's social security num	bor
Miami	office, state, and ZIP code FL 33	175		
For Paperwork	Reduction Act Notice, see back of form.			Form 2688 (1997)

Form 2688		Application for Additional Extension of Time To File U.S. Individual Income Tax Return	File	1997
Department of the Treasury Internal Revenue Service	reasury >	You MUST complete all items that apply to you.		
Please type or print. File by the due	Your first name and initial Roberto	Curbelo	Your social se	lal security number
your return.	If a joint return, spouse's first name and initial	Last name	Spouse's soci	Spouse's social security number
	W. 27th Street			
Miami	State, and ZI			
Francisco Comp.	Please fill in th	Please fill in the Return Label at the bottom of this page.		
1 I request an	request an extension of time until 10/15/98	8 _ tp./lilé Form 1040EZ, Form 1040A, Form 1040,		
Form 1040h	Form 1040NR-EZ, or Form 1040NR for the calendar year 1997, or other tax year ending	ear 1997, or other tax year ending	:	
2 Explain why Addit compl	Explain why you need an extension. You must give an adequate explanation > Additional time is requested to gather complete and accurate return.	information to	prepare a	
3 Have you file	Have you filed Form 4868 to request an automatic extension of time to file for this tax year? If you chacked "No." we will grant your extension only for undue hardship. Fully explain the	Have you filed Form 4868 to request an automatic extension of time to file for this tax year? If you checked "No," we will crait your extension only for undue hardship. Fully exclain the hardship in item 2. Attack any		¥ Yes ☐ No
information	nformation you have that helps explain the hardship.			
if you expect to h	l expect to have to file a gift or generation-stopping transfer (GST) tax return, complete line If you or your spouse plan to file a gift or GST tax return (Form 709 or 708-A) for 1997, generally	If you expect to have to file a gift or generation—sldpping transfer (GST) tax return, complete line 4. If you or your spouse plan to file a gift or GST tax return (Form 709 or 709-A) for 1997, generally	Yourself	•
due by April	due by April 15, 1998, see the instructions and check here Sig	Signature and Verification	Spouse	•
Under panalities of the best of my kno	perjury, I declare that I have examined this wildge and belief, it is true, correct, and or	Under penalties of perjury, I declars that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and ballef, it is true, correct, and complete; and, if propared by someone other than the taxpayer, that	and to yer, that	
Signature of taxpayer	yer b	Date +		
Signature of preparer	1	(if filing jointly, BOTH must sign even if only one had income.)		
other than taxpayer	Chillips .	appelle Cold Date .	8/14/98	98
Please fill in the Return Lal to Applicant and return it t and add the agent's name.	Please fill in the Return Label below with your name, address, to Applicant and return it to you. If you want it sent to another and add the agent's name.	Please fill in the Return Label below with your name, address, and social security number. The IRS will complete the Notice to Applicant and return it to you. If you want it sent to another address or to an agent acting for you, enter the other address and edd the agent's name.	tice	
;	We MAVE approved your application.	We MAVE approved your application.	VIII	(Do not detach)
Notice to	We HAVE NOT approved your applicat However, we have granted a 10-day gr	on. AUG 1	5.1993 od 1s	
Applicant	considered a valid extension of time for	elections otherwise required to be made on e-dipaly return	がはいった	
68	We cannot grant your request for an ext We cannot consider your application be Other	we cannot grant your request for an extension of time to life. We are not granting a 10-day grace period We cannot consider your application because it was filed after the due date of your return. Other	eriod.	
	Director		Date	
Taxpayer's name (Return Label (Please type o Taxpayer's name and agent's name, if applicable). If a joint return, atso give	Return Label (Please type or print) (Agents: Always include taxpayer's name.) Figure 1 a joint return, also give apouser's name. Taxpayer's social security number	94	
Avel A. C	1.0			
Number and street find	mber and street findlude sulfa, room, or upt. no.) or P.O. box number 2688 SW 137th Avenue	Spouse's social security number	•	
City, town or post office, state, and ZIP code	PT	A		
THEFT	CITCE ME	C. C	STATES OF STATES OF STATES OF STATES	地域の関係が必要に対する



Member: American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

Mr. Roberto Curbelo Jr. Miami, Florida

I have compiled the statement of financial condition of Mr. Roberto Curbelo Jr. as of July 31, 1995, included in the accompanying prescribed form in accordance with standards established by the American Institute of Certified Public Accountants.

My compilation was limited to presenting in the form information that is the representation of the individuals whose financial statements are presented. I have not audited or reviewed the financial statement referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

This financial statement is presented in accordance with the requirements of financial institutions which differ from generally accepted accounting principles. Accordingly, this financial statement is not designed for those who are not informed about such differences.

August 31, 1995

Name Roberto Curbelo Jr.	000	27.05E		то			BAN
Address 14780 S.W. 57th Te	rr.	, Miami,	F	L			
I make the following statement of all my a other material information for the purpose of agree to notify you prompty of any change a (PLEASE ANSWER	obtair	ning credit with	you o	on notes an	d bills bearing my	signature, endor	
ASSETS				T	LIABILI	TIES AND NET	WORTH
Cash (See Sched No 1) On hand, and unrestricted in banks	s	10,0	00	Notes Pa	yable to Banks, Uns	ecured (See Sched No	75,000
U.S. Government Securities				Notes Pa	yable to Banks, Sec	The second second	,
Accounts and Loans Receivable (See Sched No 2)		30,0	00		cervable, Discounte	d	
Notes Receivable, Not Discounted (See Scheo NJ 2)				Notes Par	yable to Others, Un	secured	
Notes Receivable, Discounted With banks, Inance companies, etc. (See Sched. Nu. 2)				Notes Pa	yable to Others, Sec	cured	
Life Insurance, Cash Surrender Value (Do not deduct toans) (See Sched No 3)	\top			Loans Ag	ainst Life Insurance	ee Sched. No. 3)	
Other Stocks and Bonds (See Sched No. 4)		1,170,0	00	Accounts			
Real Estate See Sched No. 51		170.00	0.0	Interest P	ayable		
Automobiles Registered in Own Name	+	270,0	-	Taxes and	d Assessments Paye		
Other Assets Personal assets	+	30,00	20	Mortgage	s Payable on Real ((0.000
The state of the s	18	30,00	-	Brokers A	Aargin Accounts	ee Sched No S)	69,000
	+		_	Other Lia	brities	ee Sched No 7)	
	+			illemize:			-
	+		_	Net Worth			1 266 000
Total Assets	5	1,410,00	20		bilities and Net V	Voeth	\$1,266,000 \$1,410,000
SOURCE OF INCOME		1,410,00	-	1 10121 212			
NOTE: YOU DO NOT HAVE TO LIST INCOME FROM WITH THIS APPLICATION		NY. CHILD SUPPO	DRT.	OR MAINTEN	PEH:	ONAL INFORI	MATION ISIDER IT IN CONJUCTION
Salary	5	31.00	0		roccupation		Age
Bonus and commissions Dividends	8	40.00	0.0	Real	Estate De	eveloper	
Real Estate Income	18	10.00		Partner or	officer in any other	venture	
Other income - itemize	\$	12,00	10_	Married	X	D	
	+		_	Unmarried		Other Depend	A132
Total	S	83,00	0	Separated		Oliver Departs	
CONTINGENT LIABIL	ITIES				GENE	RAL INFORMATI	ON
As endorser or co-maker	\$	ALTER OF	0	Are any as		lo	
On leases or contracts	\$	The same of the sa	0		efendant in any suit		
Legal claims	\$		ŏ	legal aci		No	
Provision for Federal Income	T			Have you	ever made a compo	sition settlement? E	xplain:
Taxes	\$		0	100			No
Other special debt	\$	Am solution	0	Have you	ever taken bankrupt		
	_					1	lo
No. 1 Banking Relations (A list of all my be	noh acc			TARY SCH	September 1990 and 19		
Name and Location of Bank	T acc		T -				
Ready State Bank		Cash Balance 10000	_	mt of Loan	Maturity of Loan		Guaranteed, or Secured
- Auto		10000	1	000	Open	Line of	Cr-unsecured
O-085-DACAL		(SE)	E OTH	ER SIDE)			

	Address n	f Debtor	Amount Owing	Age of Debt	Description	of Nature	of Debt	Der	scription	of Security I	Held	Sate Paymu. Expected
Natalie	West	Hom	es 30000	1.5 yrs	Invest	ment		No	ne)pen
								1			_	
								\pm				
No. 3 Life Insur	ance											
Name of Person	Insured	Name o	of Beneficiary	Name of Insurance	e Co. Type	of Policy	Amou of Poli	nt Sur	Cash render alue	Tot. Loans Against Policy	Amt. of Yearly Premium	Is Policy Assigned
			. Energy									
		39			\perp							
No. 4 Other Sto	cks and	Bonds.		т							Т	
Face Value (Bonds) No of Shares (Stocks)	٥	escription	of Security	Registered in	Name of	Cost		Presen Market V		Received Last Year	To Who	om Pledged
25%	Nata	lie V	W. Homes	R. Curbe	lo Jr.	125	000	1500	00			
25%	Nata	lie l	Homes	R. Curbe	lo Jr.			1000	00			
25%	Curb	elo l	Son	R. Curbe	lo Jr.	25	125	2500	00			
40%	Nat.	by I	the Lake	R. Curbe	lo Jr.	125	000	6700	00			-
la f Dani Esta	to The le		urlable title to all	the real estate liste	d in this state	ment is so	lely in th	e name o	of the un	dersioned		
10. 3. Neal Esta	e. The le	gar and eq										
acept as follows.		gal and eq					11 1					
	Dimens		Improvement Consist of		Due Da Amou Payn	tes and	Asse Val	150-7	Pres Mar Val	ent ket	Unpaid T	axes Amount .
except as follows.	Dimens Ac	ions or	Improvement	s Mortgages	Due Da Amou Payn	tes and nts of sents	Asse	sse-1	Pres	eni ket		
Description or Street No.	Dimens Ac	ions or	Improvement	s Mortgages or Liens	Due Da Amou Payn	tes and nts of sents	Asse	sse-1	Pres Mar Val	eni ket		
Description or Street No.	Dimens Ac	ions or	Improvement	s Mortgages or Liens	Due Da Amou Payn	tes and nts of sents	Asse	sse-1	Pres Mar Val	eni ket		
Description or Street No.	Dimens Ac	ions or	Improvement	s Mortgages or Liens	Due Da Amou Payn	tes and nts of sents	Asse	sse-1	Pres Mar Val	eni ket		
Description or Street No.	Dimens Ac	ions or	Improvement	s Mortgages or Liens	Due Da Amou Payn	tes and nts of sents	Asse	sse-1	Pres Mar Val	eni ket		
Description or Street No. Residence	Dimens Ac	sions or res	Improvement Consist of	Mortgages or Liens	Due Da Amou Payn	tes and nts of eents	Asse	sse-1	Pres Mar Val	eni ket	Year	Amount .
Description or Street No.	Dimens Ac	sions or res	Improvement Consist of	s Mortgages or Liens	Due Da Amou Payn	tes and nts of eents	Asse	sse-1	Pres Mar Val	eni ket		Amount .
Description or Street No. Residence	Dimens Ac	sions or res	Improvement Consist of	Mortgages or Liens	Due Da Amou Payn	tes and nts of eents	Asse	sse-1	Pres Mar Val	eni ket	Year	Amount .
Description or Street No. Residence	Dimens Ac	sions or res	Improvement Consist of	Mortgages or Liens	Due Da Amou Payn	tes and nts of eents	Asse	sse-1	Pres Mar Val	eni ket	Year	Amount .
Description or Street No. Residence do. 6 I buy good	Dimens Ac	pally from	Improvement Consist of	Mortgages or Liens	Due Da Amou Payn) 833/	tes and ints of leents. TO	Asse	sseri ue	Pres Mar Val 1700	eni ket	Year	Amount .
Description or Street No. Residence do. 6 I buy good Name	Dimens Ac	pally from	Improvement Consist of	Mortgages or Liens 69,000 Address d addresses of the liens	Due Da Amou Payn) 833/	tes and nts of lents Imo	Asse Val	ue unt due t	Pres Mar Val	het in	Address	Amount .
Description or Street No. Residence do. 6 I buy good Name	Dimens Ac	pally from	Improvement Consist of	Mortgages or Liens 69,000 Address d addresses of the I	Due Da Amou Payn) 833/	tes and ints of lents. TO Delta de	Asse Val	ue uni due t	Pres Mar Val	ieni ket iie	Address	Amount .
Description or Street No. Residence do. 6 I buy good lame lo. 7. Brokers M	Dimens Ac	pally from	Improvement Consist of	Mortgages or Liens 69,000 Address d addresses of the I	Name of the second seco	tes and nts of lents TO The lents The lents in the len	Asser Val	ue uni due t	Pres Mar Val	ieni ket iie	Address	Amount .







Mr. Roberto Curbelo Jr. Miami, Florida

I have compiled the statement of financial condition of Mr. Roberto Curbelo Jr. as of April 30, 1997, included in the accompanying prescribed from in accordance with standards established by the American Institute of Cartified Public Accountants.

My compilation was limited to presenting in the form information that is the representation of the individuals whose financial statements are presented. I have not audited or reviewed the financial statement referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

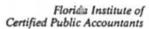
This financial statement is presented in accordance with the requirements of financial institutions which differ from generally accepted accounting principles. Accordingly, this financial statement is not designed for those who are not informed about such differences.

June 18, 1997

Roberto Curbelo.	Establish III							
1/790 C U 5755 T			144	,				00105
ADDRESS 14780 S.W. 57th T				mi ara/	_STATE_	FL	ZIP_	33185
ELEPHONE: HOME (305) 388-64								
I/We make the following statement of all my formation for the purpose of obtaining credit v comptly of any change affecting my/our abilit nother party, I/we hereby attach an Adder (PLEASE ANSWE	vith you on notes a y to pay. All asset ndum to this stat	ind bills t 3, unles ement l	searing my/o s otherwise listing those	ursignature, o noted, are so assets and	endorsem olely own with who	ent, or guara ed by mc/ m they are	ntee, and	agree to notify y
ASSETS			T			AND NET V	ORTH	
ash (See Sched. No. 1) On hand, and unrestricted in banks.	1 10	,000	Notes Paya	ble to Banks, U rowings only.	nsecured (See S	iched. No. 1)	T	65,000
LS. Government Securities (Guaranteed)	ard or a	1000	Notes Paya	ble to Banks, S	ecured		 	02,000
				owings only.		ched. No. 1) ched. No. 1)	+	
Sovernment Agencies Securities	-		With banks	, finance comp	anies, etc.			
Accounts and Loans Receivable (See Sched. No 2)			Notes Paya	ble to Others, U	Insecured		_	
fotes Receivable (See Sched. No. 2)				ble to Others, S				
life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)	THE PARTY		Loans Ageir	nst Life Insuran	Ce (See S	ched. No. 3)		
tock and Securities Other Than Guaranteed U.S. Gov't and Gov't Agencies (See Sched. No. 4)	4,133	.000	Accounts P	ayable - I	Revolv		T	12,000
eal Estate		,,,,,,		Service Control		2116	_	12,000
Registered in own name (See Sched. No. 5)	100 E		Taxes and A	ssessments Pa	yable		+	
Registered in own name	X 28 1 100			syable on Real	(See 5	ched. No. 5)	-	
temize) Personal effects	50	,000			(See S	ched. No. 5)		140,000
			Brokers Ma	rgin Accounts	(See S	ched. No. 7)		
100.00			Other Liabili (Itemize)	ities				
			1					
			TOTAL LIA	OH ITIES			_	217 000
			TOTAL UK	DELITIES			-	217,000
			NET WORT	н				****
	K. Wash The		(Assets mi	nus Liabilities)			\$ 3	976,000
OTAL ASSETS	s 4,193	,000	TOTAL LIA	BILITIES and N	ET WORT	4	\$ 4	193,000
SOURCE OF INCOM	E .			P	ERSONAL	INFORMA	TION	
stary		.000	Business or				of Birth:	
lonus and commissions		.000		Develo	ver	Up to the second	Security	No.
Nuddends Sub-S coporation	s 50	.000	Partner or o	fficer in any oth				
eal Estate Income	\$							
Alimony, child support, or separate maint			Number of 0	Pependents		Ages		
not be revealed if you do not wish to have basis for repaying your obligation(s).	re it considered	42 g	Marital Status					ing for, or are
ther income-ternize	ls ·		0.0.03	J furni	shing th	s statemen	nt in cor	junction with,
						secured cr		
OTAL	s 114	,000	Married	Separated	Unmarried	(including si	ngle, divo	rced, and widowed)
CONTINGENT LIABILIT		1200	A.6 % 1	GEN	NERAL IN	FORMATIO	N	
s endorzer or co-maker	s	0	Are any ass					lo
n leases or contracts	\$	0		endent in any s	ults or			
egal claims	S	0	legal actions	"			1	lo
rovision for Federal Income Taxes	s	0	Have you ev	er made a comp	poeltion set	tlement? Exp		lo
ther Special debt. Including	S	0		er taken bankru		ein:	1	lo
limony or Child Support	CAMPAGE SUPE			utor of your est	pte?		-	
		Telephone and the same	RY SCHEDU					
- 4 Banking Belations /A tist of all m	y bank account	s, inclu	ding saving	s, and loan	s)			
								4
Name and Location of Bank Ready State Bank	Cash Salance	Outsta	nding Loans	Maturity of L Line of	osn H		nsecu	eed, or Secured

Name and Add	ress of Debtor	Amount		Age of Debt	Description of N	lature of Det	Descrip	son of Security		Date Payment Expected
La C. I. Va. Inquisi									,	
Name of Person Ins	1 27 1	Beneficiary	Name	of Insurance Co.	. Type of Poli	Face Amoun		Total Leans Against Policy	Amount Yearly Premiur	Assigned
						+				
io. 4. Stocks and	Securities Oth	er Than G	uarant	eed U.S. Gove	ernment Secu	rities and	Governmen	Agencies.		
Face Value (Bonds) No of Shares (Stocks)	Description	n of Security		Registered i	n Name of	Cost	Present Market Value	Received Last Yea		hom Pledge
25%	Curbelo	& Sons					533.00	0		
50%	Natalie	Men Walnus of the	mes	Inc.		151	450,00	0		
45%	Natalie		3417	The state of the s		3	,150,00	0	+	
т.						-			+	
No. 5. Real Estate.			ie to al	I the real estate	e listed in this	statement	is solely in th	ne name of th	ne under	rsigned.
		equitable tit			Due Dates and			Present		rsigned.
			nents	Mortgages or Liens		Date Purchased	is solely in th	Present Market Value	Un	pold Taxes
Description or	Dimensions or	equitable tit	nents	Mortgages	Due Dates and Amounts of	Date Purchased	Assessed	Present Market	Un	pold Taxes
Description or Street No.	Dimensions or	equitable tit	nents	Morigages or Liens	Due Dates and Amounts of Payments	Date Purchased	Assessed	Present Market Value	Un	pold Taxes
Description or Street No. Residence	Dimensions or Acres	Improven Consist	sents t of	Mortgages or Liens	Due Dates and Amounts of Payments 1,382/mo	Date Purchased	Assessed Value	Present Market Value	Un Yes	poid Taxes ar Amount
Description or Street No.	Dimensions or Acres	Improven Consist	sents t of	Mortgages or Liens	Due Dates and Amounts of Payments 1,382/mo	Date Purchased	Assessed Value	Present Market Value	Un Yes	peld Taxes or Amoun
Description or Street No. Residence No. 6. Brokers M.	Dimensions or Acres argin Accounts Coverage, Fire	Improven Consist	nents t of	Mortgages or Liens 140,000 and addresses	Due Dates and Amounts of Payments 1,382/mo	Date Purchased	Assessed Value dicate the ne	Present Market Value 170,00 t amount defects, etc. \$ x Automotive	University of the control of the con	peld Taxes or Amoun
Description or Street No. Residence No. 6. Brokers Ma	Dimensions or Acres argin Accounts Coverage. Fire s have extende	Improven Consist	ames Build	Mortgages or Liens 140,000 and addresses ings \$	Due Dates and Amounts of Payments 1,382/mo	Date Purchased ors and inco obile(s), H;Liabili	Assessed Value	Present Market Value 170,00 t amount defects, etc. \$	University of the second of th	peld Taxes ar Amoun
Description or Street No. Residence No. 6. Brokers Management of the policie personal \$	Dimensions or Acres argin Accounts Coverage. Fire s have extended general ependent analyses	Improven Consist	Build e endo	Mortgages or Liens 140,000 and addresses ings \$	Due Dates and Amounts of Payments 1,382/mo	Date Purchased ors and inco obile(s), H;.Liabili ocribe): quacy of o	Assessed Value dicate the ne	Present Market Value 170,00 t amount defects, etc. \$ x Automotiv	University of the control of the con	peld Taxes ar Amoun
Description or Street No. Residence No. 6. Brokers Management of the policie personal \$	Dimensions or Acres argin Accounts Coverage. Fire shave extended the shave for the shave extended the shave for the shave extended the shape of the shave extended the shave extended the shave extended the shape of	Improven Consist List the number of coverage I Public \$	Build a endo	Mortgages or Liens 140,000 and addresses ings \$	Due Dates and Amounts of Payments 1,382/mo s of the broke Automo surance (des ing a false state correct and age e information dersigned an	Date Purchased ors and incomplete incomplet	Assessed Value dicate the ne ousehold Eff ty Insurance coverage: rein, the und ty Capital Bad in this state pital Bank is	Present Market Value 170,00 t amount de fects, etc. \$ x Automotive ersigned replacement conserving and	Universe to early of any cutitutes of	peld Taxes ar Amoun ich: to Capital hanges in a material
No. 7. Insurance Indicate if policie Personal \$ Under the pe Bank statement to Commence t	Dimensions or Acres argin Accounts Coverage. Fire shave extended the shave for the shave extended the shave for the shave extended the shape of the shave extended the shave extended the shave extended the shape of	Improven Consist List the number of coverage I Public \$	Build a endo	Mortgages or Liens 140,000 and addresses ings \$	Due Dates and Amounts of Payments 1,382/mo s of the broke Automo surance (des ing a false state correct and age e information dersigned an	Date Purchased ors and incomplete incomplet	Assessed Value dicate the ne ousehold Eff ty Insurance coverage: rein, the und fy Capital Bad in this state bital Bank is the undersi	Present Market Value 170,00 t amount de fects, etc. \$ x Automotive ersigned replacement conserving and	Un Yes O O O O O O O O O O O O O O O O O O O	peld Taxes ar Amoun ich: to Capital hanges in a material rupon the







Mr. Roberto Curbelo Jr. Miami, Florida

I have compiled the statement of financial condition of Mr. Roberto Curbelo Jr. as of August 31, 1997, included in the accompanying prescribed from in accordance with standards established by the American Institute of Certified Public Accountants.

My compilation was limited to presenting in the form information that is the representation of the individuals whose financial statements are presented. I have not audited or reviewed the financial statement referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

This financial statement is presented in accordance with the requirements of financial institutions which differ from generally accepted accounting principles. Accordingly, this financial statement is not designed for those who are not informed about such differences.

September 5, 1997

NAME	ORREGE	-	. 141			. 177			2210	5
	March Committee of the			ami	STAT	E_FL		ZIP_	3318)
TELEPHONE: HOME (305) 388-64										
I/We make the following statement of all my, information for the purpose of obtaining credit w romptly of any change affecting my/our ability nother party, I/we hereby attach an Adden (PLEASE ANSWER	ith you on notes a to pay. All asset dum to this stat	and bills be a, unless o tement fis	aring my/ou otherwise r ting those	rsignatur noted, are assets ar	re, endorse solely or ad with w	ement, or g wned by m hom they	uarant ne/us a are jo	ee, an	dagree to r owned joi	notifyy
ASSETS						ES AND N	ET W/C	RTH		
Cash (See Sched. No. 1) On hand, and unrestricted in banks.	6	,000	Notes Payab Direct borro	te to Benki	s, Unsecure	ed se Sched, N	0. 1)		100	,000
U.S. Government Securities (Guaranteed)	12 1 Ba 1		Notes Payab	le to Bankı	s, Secured					
		-	Direct borro			e Sched. N				
Government Agencies Securities			With banks,				_			
Accounts and Loans Receivable (See Sched. No 2)			Notes Payeb	le to Other	rs, Unsecur	ed				
Notes Receivable (See Sched. No. 2)			Notes Payab	le to Other	rs, Secured					
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)	BEST TH		Loans Again	et Life Insu	rance	e Sched, N	0.31			
Stock and Securities Other Than Guaranteed U.S.	4,133	000			104	pg Sched. N	0. 31		2	500
Gov't and Gov't Agencies (See Sched. No. 4)	4,133	,000	Accounts Pa	yatile			\rightarrow			,500
Registered in own name (See Sched. No. 5) Automobiles			Interest Paye		,		_			
Registered in own name			Taxes and A	ssessment	a Payable (Se	e Sched. N	0. 5)			
Other Assets Personal Effects	50	,000	Mortgage Pa	yable on R	esi Estate (Se	e Sched. N	0. 5)		139,	000
	9-15 10-1		Brokers Mar	gin Accour	nts	e Sched. N	-		207	000
	for so.		Other Liebili (Itemize)	lies	100	30100.11	,			
	PERSONAL PROPERTY.						_		0/1	500
	1000		TOTAL LIAB	ILITIES			-		241,	500
The second secon		-	NET WORT	the con-	51,000		-			
			(Assets mir		ies)		_ [\$	3,947,	500
TOTAL ASSETS	\$ 4,189	,000	TOTAL LIAS	HLITIES M	nd NET WO	ORTH		\$	4,189,	000
SOURCE OF INCOM	E				PERSO	NAL INFO	RMAT	ION		
Salary	\$ 24	.000	Business or	occupation	,		Date of	Birth		
Bonus and commissions	\$ 30	.000	R.E.	Devel	oper		Social S	ecurity	1	
Dividends Sub-S Corporation	\$ 60	.000	Partner or of			ture				
Real Estate Income	\$									
Alimony, child support, or separate maint not be revealed if you do not wish to ha	enance income		Number of D	Pependents	<u> </u>		Ages			
basis for repaying your obligation(s).	re it considered		Marital Status						ying for,	
Other Income-Itemize	\$	80=				unsecur			njunction	ı wıuı,
TOTAL	s 114	,000	Married	Separated	d Unma	rried (includ	ding sin	gle, div	orced, and w	vidowed
CONTINGENT LIABILIT		, 000	^		GENERA	LINFORM	ATION			
As endorser or co-maker	18	0	Are any sess			LINFORM	ATION		No	
On lesses or contracts	\$	0	Are you dete		-				NO	
Legal claims	\$	0	legal actions						No	
Provision for Federal Income Taxes	s	0	Have you ev	er made a c	compositio	n settlemen	17 Expl	ales	No	
Other Special debt. Including	\$	0	Have you eve	er taken C.	okruptcy?				No	
Allmony or Child Support	Reservables - 1		Who is execu		r estate?			-		
		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Y SCHEDL	Address of the last of the las				-		
No. 1. Banking Relations. (A list of all m			THE RESERVE OF THE PERSON NAMED IN	Particular Street, Str				_		
	Carl Cale									-cured
Name and Location of Bank Ready State Bank	6,000	_	ding Loans	Maturity	of Loan			-	nteed, or Se ired	-

Name and Addr	ress of Debtor		Amount Owing		Age of Debt	Description of N	lature of De	ы	Description	Date Payment Experited			
				-				7					
			184	10									
o. 3. Life Insuran		of Be	neficiery	Name	of Insurance Co.	. Type of Poli		nt Sur	render	Total Loans Against Policy	Amoun	y Assigned	
							of Pol	cy V	falue	Policy	Premi	JAN .	
							#	+	1				
o. 4. Stocks and	Securities	Other	Than Go	varant	eed U.S. Gove	ernment Secu	rities and	Gover	mment /	Agencies.			
Face Value (Bonds) No of Shares (Stocks)	Descr	lption o	of Security		Registered i	n Name of	Cost		esent et Value	Received Last Yea	1 70	To Whom Pledge	
25%	Curbel	0 &	Sons					53	3,000		_		
50%	Natali	e W	est Ho	mes	, Inc.			45	0,000	1			
45%	Natali	e b	v the	Lak	es			3,15	0,000	1	+		
											\pm		
o. 5. Real Estate. xcept as follows:	The legal at	nd equ		le to al	the real estate	Due Dates and Amounts of	Statemen Date	Ass	ely in the	Present Market Value	U	npaid Taxes	
o. 5. Real Estate. xcept as follows:	The legal a	nd equ	uitable titi	le to al		Due Dates and	Date Purchased	Ass	essed	Present Market	U Y	npaid Taxes	
o. 5. Real Estate. xcept as follows: Description or Street No.	The legal at	nd equ	uitable titi	le to al	Mortgages or Liens	Due Dates and Amounts of Payments	Date Purchased	Ass	essed	Present Market Value	U Y	npaid Taxes	
o. 5. Real Estate. xcept as follows: Description or Street No. Residence	The legal at	or	Improvem Consist	le to all	Mortgages or Liens	Due Dates and Amounts of Payments 1,382/mo	Date Purchased	Ass	essed slue	Present Market Value	U Y (npeld Texes	
o. 5. Real Estate. xcept as follows: Description or Street No. Residence	The legal at	or	Improvem Consist	le to all	Mortgages or Liens	Due Dates and Amounts of Payments 1,382/mo	Date Purchased	Ass	essed slue	Present Market Value	U Y (npeld Texes	
Description or Street No. Residence	Dimensions Acres	or or	Improvem Consist	ents of	Mortgages or Liens 139,000	Due Dates and Amounts of Payments 1,382/mo	Purchased	Assa	essed alue	Present Market Value 170,00	0 ue to e	npeld Texes ser Amoun	
o. 5. Real Estate. xcept as follows: Description or Street No. Residence to. 6. Brokers Ma	Dimensions Acres Coverage. Fashave exte	er ints. L	Improvem Consist	ents of Building endo	Mortgages or Liens 139,000 and addresses	Due Dates and Amounts of Payments 1,382/mo	Purchased ors and in obile(s), h	Assa Vi	the net	Present Market Value 170,00 amount do	U Y	npeld Texes ear Amoun ach:	
o. 5. Real Estate. ccept as follows: Description or Street No. Residence lo. 6. Brokers Ma lo. 7. Insurance (indicate if policies Personal \$	Dimensions Acres Coverage. Fis have exte	or ire Innded eral P	improvem Consist the number coverage bublic \$	ents of Building endo	Mortgages or Liens 139,000 and addresses ings \$; Other in	Due Dates and Amounts of Payments 1,382/mo	Purchased ors and in obile(s), h ; Liabile cribe):	dicate fousehity Inst	the net	Present Market Value 170,00 amount do	U Y	npeld Texes per Amoun ach:	
Description or Street No. Residence No. 6. Brokers Ma No. 7. Insurance (Indicate if policies Personal \$	Dimensions Acres Coverage. Fis have exte gendent a malty which rmation con urther, the control of the control	or ire in ire in ire in inded erai P	improvem Consist the number of insumer of in	Building endo	Mortgages or Liens 139,000 and addresses ings \$	Due Dates and Amounts of Payments 1,382/mo s of the broke Automotise adecting a false state correct and agree information andersigned a	Date Purchased ins and in obile(s), h _; Liabile cribe): _ quacy of ment he ree to not contained d that Ca	dicate dicate dousehity Inst	the net	Present Market Value 170,00 amount de cts, etc. \$ Automotiv	ue to e	ach:	
Description or Street No. Residence No. 6. Brokers Ma No. 7. Insurance (Indicate if policies Personal \$	Dimensions Acres Coverage. Fis have exte gendent a malty which rmation con urther, the capital Bank ined herein	or ire in inded eral P malysi in the	improvem Consist the number of insumble prescribing and access the prescribing and access the prescribing and access the prescribing and access the prescribing access the prescribing access the prescribing access the prescribing access to the prescribi	Building endo	Mortgages or Liens 139,000 and addresses ings \$	Due Dates and Amounts of Payments 1,382/mo s of the broke Automotistic additional and agreements and agreements are extention of the extent	Date Purchased ins and in obile(s), h _; Liabile cribe): _ quacy of ement he ree to not contained d that Ca f credit to	dicate dousehity Institution, thirty Capid in the pital B	the net	Present Market Value 170,00 amount do cts, etc. \$ Automotiv rsigned rep k promptly ment conselying and ned.	ue to e	ach:	