

**** FLORIDA PUBLIC SERVICE COMMISSION ****

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DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

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 filing and
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[Signature]

RECEIVED & FILED

[Signature]
FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

00057 JAN -4 99

FPSC-RECORDS/REPORTING

APPLICATION

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

☒ **Original certificate** (new company).

☐ **Approval of transfer of existing certificate:**

Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

☐ **Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

☐ **Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Telephone One Inc.

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

same as above

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

8855 South West 27th Street

Miami, Florida 33165

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

same as above

6. Structure of organization:

- () Individual (x) Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other _____

7. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

- (a) **The Florida Secretary of State corporate registration number:**
P98000082814

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

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

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

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

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

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

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

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) **The Florida registration number:** _____

14. Provide **F.E.I. Number**(if applicable): 65-0866624

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

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

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

16. 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:

Robert Curbelo

Name: _____

President

Title: _____

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:

(c) Complaints/Inquiries from customers:

Name: Robert Curbelo

Title: President

Address: 8855 South West 27 Street

City/State/Zip: Miami, Florida 33165

Telephone No.: 305-266-5796 Fax No.: 305-264-2828

Internet E-Mail Address: TELEPHONEONE@YAHOO.COM

Internet Website Address:

17. List the states in which the applicant:

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

18. Submit the following:

A. Financial capability.

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

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

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

3. statement of retained earnings.

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

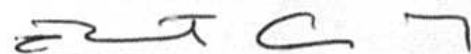
Further, the following (which includes supporting documentation) should be provided:

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

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **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.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

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

ATTACHMENTS:

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

**** APPENDIX A ****

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ of (Name of Company) _____

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

() sale

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address: _____

Fax No. .

**** APPENDIX B ****

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 located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

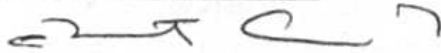
<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

AFFIDAVIT

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

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

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

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DEPOSIT

DATE DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

D055

JAN 05 1999

APPLICATION FORM

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE
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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

M 92259-F

618 (1/97) 500/5000

TRAVELERS EXPRESS
INTERNATIONAL MONEY ORDER

01/03/99 72-53
919

7222442039
MONEY ORDER

PAY TO THE ORDER OF **Florida Public Service Commission**
Division of Records and Reporting

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

NOT
GOOD
OVER

PURCHASER, SIGNER FOR DRAWER
8855 South West 27 Street
Miami Florida 33165

ADDRESS

ISSUING DRAWER
TRAVELERS EXPRESS COMPANY, INC.

**** \$250.00 ****

PAY ONLY

THIS AMOUNT

147732037580375
0784202003190039

72224420390

EMPLOYEE

7222442039
150
147732037580375
07

TRAVELERS EXPRESS COMPANY, INC. DRAWER
PO BOX 9478, NORTHEAST, MN 55480
PLEASE SEE TERMS ON REVERSE SIDE
DATE AMOUNT

Payable This Amount Best
Men. So. N.A. Forward, MN

R

**READY
STATE
BANK**

November 27, 1998

Re: Roberto Curbelo, Jr.

To Whom It May Concern:

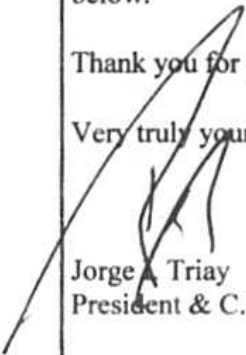
As per our customer's request, it is my pleasure to confirm that the above referenced individual has been a customer of Ready State Bank for more than ten years. During that time, he has had numerous accounts and been granted various facilities. All relationships have been handled in an excellent manner.

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 A. Triay
President & C.E.O.

OCEAN BANK OF MIAMI

ORLANDO BARO
SENIOR VICE-PRESIDENT

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,

A handwritten signature in dark ink, appearing to be 'Orlando Baro', with a long horizontal stroke extending to the right.

Orlando Baro
Senior Vice President

OB/td

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: _____
By: _____

Effective: _____

Roberto Curbelo , President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

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

1
2
3
4
5
6
7
8
9
10
11
12
13
14

REVISION

Original
Original
Original
Original
Original
Original
Original
Original
Original
Original
Original
Original
Original
Original

Issued: _____
By: _____

Effective: _____

Roberto Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

TABLE OF CONTENTS

Title Sheet	1
Check Sheet	2
Table of Contents	3
Symbols Sheet	4
Price List Format Sheets	5
Section 1- 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:

Roberto Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

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

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: _____
By: _____

Effective: _____

Roberto Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

PRICE LIST FORMAT

A. **Sheet Numbering** - Sheet numbers appear in the upper right corner 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 corner 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.
- 2.1.1.A.1.
- 2.1.1.A.1.(a).
- 2.1.1.A.1.(a).1.
- 2.1.1.A.1.(a).1.(i).
- 2.1.1.A.1.(a).1.(i).(1)

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 filing 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: _____

Roberto Curbelo, President
Telephone One, inc.
8855 South West 27th Street
Miami, Florida 33165

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. 82-0192; 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: _____

By:

Roberto Curbelo , President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

SECTION 2 - RULES AND REGULATION2.1 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

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: _____

By:

Roberto Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

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 connected 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.

Issued: _____

Effective: _____

By: _____

Robert Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

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

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:
1. interruptions of service resulting from Carrier performing routine maintenance;
 2. interruptions of service for implementation of a customer order for a change in the service.
 3. interruptions caused by negligence of Customer or his authorized user; or
 4. interruptions of service because of the failure of service or equipment provided by Customer, authorized user, or other carriers.

Issued: _____

Effective: _____

By: _____

Robert Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

2.9.4 Cancellation by Customer

- A. 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.
- C. Restoration of service will be subject to all applicable installation charges.
- D. 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

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: _____

By: _____

Robert Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

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.
- B. 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

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.

2.11.3 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
- B. 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: _____

By: _____

Roberto Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

2.11.4 Fractional Charges

Charges for a fractional 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:

Roberto Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

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

Basic Service	\$49.99
Call Waiting	\$ 5.00
3 Way Calling	\$ 5.00
Caller ID	\$10.00
Non-Published	\$ 3.00
Voice Mail	\$10.00
FCC Access	\$ 3.50

Service Connection Fee \$39.99

Issued: _____
BY: _____

Effective: _____

Roberto Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

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 the 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 where either the calling or called party indicates that either party 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: _____

Roberto Curbelo, President
Telephone One, Inc.
8855 South West 27th Street
Miami, Florida 33165

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

For the year Jan 1 - Dec 31, 1995, or other tax year beginning

1995, ending

19

OMB No. 1545-0047

Label

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

Filing Status

Check only one box.

Exemptions

If more than 6 dependents, see instrs

Income

Attach Copy B of your Forms 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

Adjusted Gross Income

BAA

Your First Name Roberto		MI	Last Name Curbelo, Jr		Your Social Security No.	
If a Joint Return, Spouse's First Name		MI	Last Name		Spouse's Social Security No.	
Home Address (number and street). If You Have a P.O. Box, See Instructions. 14780 S.W. 57th Terrace					Apartment No.	
City, Town or Post Office. If You Have a Foreign Address, See Instructions. Miami					State ZIP Code FL 33193	
Do you want \$3 to go to this fund?					Yes	No
▶ If a joint return, does your spouse want \$3 to go to this fund?						X
Note: Checking "Yes" will not change your tax or reduce your refund.						
1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input checked="" type="checkbox"/> Married filing separate rin. Enter spouse's SSN above & full name here ▶ Sandra Alvarez 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶ 19)						
6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on pg 2. b <input type="checkbox"/> Spouse					No. of boxes checked on 6a and 6b 1	
c Dependents:		(2) Dependent's social security number. If born in 1995, see instructions		(3) Dependent's relationship to you	(4) Was in your home in 1995	No. of your children on 6c when
(1) First name Last name						6c lived with you
						6c didn't live with you due to divorce or separation
						Dependents on 6c not entered above
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ <input type="checkbox"/>					Add numbers entered on lines above	
e Total number of exemptions claimed					1	
7 Wages, salaries, tips, etc. Attach Form(s) W-2					7	11,500.
8a Taxable interest income. Attach Schedule B if over \$400					8a	6,083.
b Tax-exempt interest. Don't include on line 8a 8b						
9 Dividend income. Attach Schedule B if over \$400					9	
10 Taxable refunds, credits, or offsets of state and local income taxes					10	
11 Alimony received					11	
12 Business income or (loss). Attach Schedule C or C-EZ					12	26,326.
13 Capital gain or (loss). If required, Attach Schedule D					13	
14 Other gains or (losses). Attach Form 4797					14	
15a Total IRA distributions 15a					b Taxable amount	15b
16a Tot pensions & annuities ... 16a					b Taxable amount	16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch E					17	38,645.
18 Farm income or (loss). Attach Schedule F					18	
19 Unemployment compensation					19	
20a Social security benefits . 20a					b Taxable amount	20b
21 Other income					21	
22 Add the amounts in the far right column for lines 7 - 21. This is your total income ▶					22	82,554.
23a Your IRA deduction					23a	
b Spouse's IRA deduction					23b	
24 Moving expenses. Attach Form 3903 or 3903-F					24	
25 One-half of self-employment tax					25	1,860.
26 Self-employed health insurance deduction					26	
27 Keogh and self-employed SEP plans. If SEP, check ▶ <input type="checkbox"/>					27	
28 Penalty on early withdrawal of savings					28	
29 Alimony paid. Recipient's SSN ▶					29	
30 Add lines 23a through 29. These are your total adjustments ▶					30	1,860.
31 Subtract line 30 from line 22. This is your adjusted gross income. If less than \$25,673 and child lived with you (less than \$9,230 if a child didn't live with you), see "Earned Income Credit" in instructions ▶					31	80,694.

Tax
Computation

32	Amount from line 31 (adjusted gross income)	32	80,694.
33a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind		
	Add the number of boxes checked above and enter the total here	33a	
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 or you are a dual-status alien, see instructions and check here	33c	
34	Enter the larger of: Itemized deductions from Schedule A, line 28, or Standard ded shown below for your filing status. But if you ckd any box on line 33a or b, see instructions to find your standard ded. If you checked box 33c, your standard deduction is zero. • Single — \$3,900 • Head of household — \$5,750 • Married filing jointly or Qualifying widow(er) — \$6,550 • Married filing separately — \$3,275	34	21,005.
35	Subtract line 34 from line 32	35	59,689.
36	If in 32 is \$86,025 or less, multiply \$2,500 by the total no. of exemptions claimed on line 6e. If in 32 is over \$86,025, see the instructions for the amount to enter	36	2,500.
37	Taxable income. Subtract in 36 from in 35. If in 36 is more than in 35, enter -0-	37	57,189.
38	Tax. Check if from a <input checked="" type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Capital Gain Tax Worksheet, or, d <input type="checkbox"/> Form 8615. Amount from Form(s) 8814	38	13,776.
39	Additional taxes. Check if from a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39	40	13,776.

If you want the IRS to figure your tax, see instructions.

Credits

41	Credit for child and dep care exp. Attach Form 2441	41	
42	Credit for the elderly or the disabled. Attach Sch R	42	
43	Foreign tax credit. Attach Form 1116	43	
44	Other credits. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (spec)	44	
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.

Other
Taxes

47	Self-employment tax. Attach Schedule SE	47	3,720.
48	Alternative minimum tax. Attach Form 6251	48	0.
49	Recapture taxes. Ck if from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> 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 lines 46 - 53. This is your total tax	54	17,496.

Payments

55	Federal income tax withheld. If any is from Form(s) 1099, check	55	3,000.
56	1995 estimated tax payments and amount applied from 1994 return	56	
57	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount and type	57	
58	Amount paid with Form 4868 (extension request)	58	
59	Excess social security and RRTA tax withheld	59	
60	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	60	
61	Add lines 55 - 60. These are your total payments	61	4,248.

Refund or
Amount You
Owe

62	If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you Overpaid	62	
63	Amount of line 62 you want Refunded to You	63	
64	Am't of in 62 you want Applied to Your 1996 Est Tax	64	
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	66	879.

Sign
Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature *[Signature]* Date *10/15/96* Your Occupation
 Spouse's Signature. If a Joint Return, BOTH Must Sign. Date Spouse's Occupation

Keep a copy of this return for your records.

Paid
Preparer's
Use Only

Preparer's Signature *[Signature]* Date *10/15/96* Check if self-employed ☒ Preparer's Social Security No.
 Firm's Name (or yours if self-employed) and Address *Avel A. Gonzalez, C. P. A.* EIN *59-1932734*
2688 S.W. 137th Avenue FL ZIP Code *33175*
Miami

Underpayment of
Estimated Tax by Individuals, Estates and Trusts

OMB No. 1545-0140

1995

06A

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

Name(s) shown on tax return

Identification Number

Roberto Curbelo, Jr

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.

Part I Reasons for Filing — 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.

1 Check whichever boxes apply (if none apply, see the Note above):

- ☐ a You request a waiver. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** in the instructions.
- ☐ b 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 the instructions.
- ☐ c You had federal income tax withheld from wages and you treat it as paid for estimated tax purposes when it was **actually** withheld instead of in equal amounts on the payment due dates. See the instructions for line 22.
- ☐ d Your required annual payment (line 13 below) is based on your 1994 tax and you filed or are filing a joint return for either 1994 or 1995 but not both years.

Part II Required Annual Amount

2 Enter your 1995 tax after credits	2	13,776.
3 Other taxes	3	3,720.
4 Add lines 2 and 3	4	17,496.
5 Earned income credit	5	
6 Credit for federal tax paid on fuels	6	
7 Add lines 5 and 6	7	
8 Current year tax. Subtract line 7 from line 4	8	17,496.
9 Multiply line 8 by 90% (.90)	9	15,746.
10 Withholding taxes. Do not include any estimated tax 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 the penalty	11	16,248.
12 Enter the tax shown on your 1994 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 1995, more than \$75,000). Caution: See instructions	12	22,826.
13 Required annual payment. Enter the smaller of line 9 or line 12	13	15,746.

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: Read the instructions to see 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.)

14 Enter the amount, if any, from line 10 above	14	1,248.
15 Enter the total amount, if any, of estimated tax payments you made	15	
16 Add lines 14 and 15	16	1,248.
17 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	17	14,498.
18 Multiply line 17 by .06066	18	879.
19 * If the amount on line 17 was paid on or after 4/15/96, enter -0-.		
* If the amount on line 17 was paid before 4/15/96, make the following computation to find the amount to enter on line 19.		
Amount on line 17	x	Number of days paid before 4/15/96
		x .00025
		19
20 Penalty. Subtract line 19 from line 18. Enter the result here and on Form 1040, line 66; Form 1040A, line 34; Form 1040-T, line 42; Form 1040NR, line 66; Form 1040NR-EZ, line 26; or Form 1041, line 26	20	879.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 2210 (1995)

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

Section A – Figure Your Underpayment	Payment Due Dates			
	(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			
24 Add 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			
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, 1995 – June 30, 1995 Rate Period 1		4/15/95	6/15/95		
30 Number of days from the date shown above line 30 to the date the amount on line 28 was paid or 6/30/95, whichever is earlier	30	Days:	Days:		
31 Underpayment on line 28 \times $\frac{\text{Number of days on line 30}}{365} \times .10$	31	\$	\$		
July 1, 1995 – December 31, 1995 Rate Period 2		6/30/95	6/30/95	9/15/95	
32 Number of days from the date shown above line 32 to the date the amount on line 28 was paid or 12/31/95, whichever is earlier	32	Days:	Days:	Days:	
33 Underpayment on line 28 \times $\frac{\text{Number of days on line 32}}{365} \times .09$	33	\$	\$	\$	
January 1, 1996 – April 15, 1996 Rate Period 3		9/30/95	9/30/95	9/30/95	1/15/96
34 Number of days from the date shown above line 34 to the date the amount on line 28 was paid or 4/15/96, whichever is earlier	34	Days:	Days:	Days:	Days:
35 Underpayment on line 28 \times $\frac{\text{Number of days on line 34}}{365} \times .09$	35	\$	\$	\$	\$
36 Penalty. Add all the amounts on lines 31, 33, and 35 in all columns. Enter the total here and on Form 1040, line 66; Form 1040A, line 34; Form 1040-T, line 42; Form 1040NR, line 66; Form 1040NR-EZ, line 26; or Form 1041, line 26					36 \$

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).

OMB No. 1545-0074

1995

07

Name(s) Shown on Form 1040

Your Social Security Number

Roberto Curbelo, Jr

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses	1		
2	Enter amount from Form 1040, line 32	2		
3	Multiply line 2 above by 7.5% (.075)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid				
5	State and local income taxes	5		
6	Real estate taxes	6	2,625.	
7	Personal property taxes	7		
8	Other taxes — List type and amount ►	8		
9	Add lines 5 through 8	9		2,625.
Interest You Paid				
10	Home mortgage interest and points reported to you on Form 1098	10	10,681.	
11	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 ►	11		
Note: Personal interest is not deductible.				
12	Points not reported to you on Form 1098	12		
13	Investment interest. If required, attach Form 4952. (See instructions)	13	7,849.	
14	Add lines 10 through 13	14		18,530.
Gifts to Charity				
15	Gifts by cash or check. If you made any gift of \$250 or more see instructions	15	550.	
16	Other than by cash or check. If any gift of \$250 or more, see instructions. If over \$500, you must attach Form 8283	16		
17	Carryover from prior year	17		
18	Add lines 15 through 17	18		550.
Casualty and Theft Losses				
19	Casualty or theft loss(es). Attach Form 4684	19		
Job Expenses and Most Other Miscellaneous Deductions				
20	Unreimbursed employee expenses — job travel, union dues, job education, etc. If required, you must attach Form 2106 or 2106-EZ ►	20		
21	Tax preparation fees	21		
22	Other expenses — investment, safe deposit box, etc. List type and amount ►	22		
23	Add lines 20 through 22	23		
24	Enter amt from Form 1040, line 32	24		
25	Multiply line 24 above by 2% (.02)	25		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		
Other Miscellaneous Deductions				
27	Other — from list in the instructions. List type and amount ►	27		
Total Itemized Deductions				
<p>28 Is Form 1040, line 32, over \$114,700 (over \$57,350 if married filing separately)?</p> <p>• 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.</p> <p>• Yes. Your deduction may be limited. See instructions for the amount to enter.</p>		28		21,005.

Itemized Deductions Limited per IRC Sec. 68.

BAA For Paperwork Reduction Act Notice, see instructions.

FDIA0301 10/19/95

Schedule A (Form 1040) 1995

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Other Page.

Your Social Security Number

Roberto Curbelo, Jr

Schedule B — Interest and Dividend Income

08

Part I
Interest
Income

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 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

Natalie by the Lakes, Inc.

Amount

6,000.

1

See Interest Income Statement

83.

- 2 Add the amounts on line 1

2

6,083.

- 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

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

4

6,083.

Part II
Dividend
Income

Note: If you had over \$400 in gross dividends and/or other distributions on stock, you must also complete Part III.

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

- 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

Amount

5

COPY

- 6 Add the amounts on line 5

6

- 7 Capital gain distributions. Enter here and on Schedule D

7

- 8 Nontaxable distributions. (See instructions for Form 1040, line 9.)

8

- 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
Accounts
and
Trusts

If you had over \$400 of interest or dividends or had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part.

Yes

No

- 11 a At any time during 1995, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1

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 not you have any beneficial interest in it? If 'yes,' you may have to file Form 3520, 3520-A, or 926

X

Schedule C
(Form 1040)Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0046

1995

Department of the Treasury
Internal Revenue Service (99)Partnerships, joint ventures, etc. must file Form 1065.
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

09

Name of Proprietor

Social Security Number (SSN)

Roberto Curbelo, Jr.

A Principal Business or Profession, Including Product or Service

Management, Real Estate

B Enter Principal Business Code *

C Business Name, If No Separate Business Name, Leave Blank.

D Employer ID No. (EIN), If Any

Roberto Curbelo Jr.

E Business Address (Include suite or room no.)
City, Town or P.O. Station, & Zip Code14780 S.W. 57th Terrace
Miami, FL 33193F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) *G Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ or market (3) ☐ Other (attach explanation) (4) ☒ Does not apply (if checked, skip line H)

H Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation.

I Did you 'materially participate' in the operation of this business during 1995? If 'No,' see instructions for limit on losses.

J If you started or acquired this business during 1995, check here.

Part 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 checked, see the instructions and check here.	1	51,912.
2	Returns and allowances.	2	
3	Subtract line 2 from line 1.	3	51,912.
4	Cost of goods sold (from line 40 on page 2).	4	
5	Gross profit. Subtract line 4 from line 3.	5	51,912.
6	Other income, including federal and state gasoline or fuel tax credit or refund.	6	
7	Gross income. Add lines 5 and 6.	7	51,912.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising.	8		19	Pension and profit-sharing plans.	19	
9	Bad debts from sales or services.	9		20	Rent or lease:	20a	
10	Car and truck expenses.	10		a	Vehicle, machinery, and equipment.	20b	
11	Commissions and fees.	11		b	Other business property.	21	1,131.
12	Depletion.	12		22	Repairs and maintenance.	22	
13	Depreciation and section 179 expense deduction (not included in Part III).	13	1,000.	23	Supplies (not included in Part III).	23	
14	Employee benefit programs (other than on line 19).	14		24	Taxes and licenses.	24	
15	Insurance (other than health).	15		a	Travel.	24a	7,550.
16	Interest:			b	Meals and entertainment.		3,775.
a	Mortgage (paid to bank, etc.).	16a		c	Enter 50% of line 24b subject to limitations.		1,888.
b	Other.	16b		d	Subtract line 24c from line 24b.	24d	1,887.
17	Legal and professional services.	17		25	Utilities.	25	
18	Office expense.	18		26	Wages (less employment credits).	26	
27	Other expenses (from line 46 on page 2).	27		27		27	14,618.
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns.	28		28		28	26,186.
29	Tentative profit (loss). Subtract line 28 from line 7.	29		29		29	25,726.
30	Expenses for business use of your home. Attach Form 8829.	30		30		30	

31 Net profit or (loss). Subtract line 30 from line 29.

☐ 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.
☐ If a loss, you must go on to line 32.

32 If you have a loss, check the box that describes your investment in this activity.

☐ If you checked 32a, 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.
☐ If you checked 32b, you must attach Form 6198.

31 25,726.

32a ☐ All investment is at risk.32b ☐ Some investment is not at risk.

Part III 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	
40	Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4	40	

Part IV 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 to find out if you must file.

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 _____ 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

45 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

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	14,618.

Schedule C
(Form 1040)Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

1995

Department of the Treasury
Internal Revenue Service (99)

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

Name of Proprietor

Roberto Curbelo, Jr.

Social Security Number (SSN)

A Principal Business or Profession, Including Product or Service

FMV of company car

B Enter Principal Business Code

C Business Name, if No Separate Business Name, Leave Blank.

D Employer ID No. (EIN), if Any

E Business Address (include suite or room no.)
 City, town or P.O., state, and ZIP Code
 14780 S.W. 57th Terrace
 Miami, FL 33193

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation) (4) ☒ Does not apply (if checked, skip line H)

H Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation.

I Did you 'materially participate' in the operation of this business during 1995? If 'No,' see instructions for limit on losses.

	Yes	No
1		
2		
3		
4		
5		
6		
7		

J If you started or acquired this business during 1995, check here.

Part 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 checked, see the instructions and check here. ☐ 600.

2 Returns and allowances. ☐ 2

3 Subtract line 2 from line 1. ☐ 3 600.

4 Cost of goods sold (from line 40 on page 2). ☐ 4

5 Gross profit. Subtract line 4 from line 3. ☐ 5 600.

6 Other income, including federal and state gasoline or fuel tax credit or refund. ☐ 6

7 Gross income. Add lines 5 and 6. ☐ 7 600.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	9	10	11	12	13	14	15	16	17	18	19	20a	20b	21	22	23	24a	24b	25	26	27	28	29	30	31	
Advertising	8										19															
Bad debts from sales or services	9										20a															
Car and truck expenses	10										20b															
Commissions and fees	11										21															
Depreciation	12										22															
Depreciation and section 179 expense deduction (not included in Part III)	13										23															
Employee benefit programs (other than on line 19)	14										24a															
Insurance (other than health)	15										24b															
Interest:	16										25															
a Mortgage (paid to banks, etc.)	16a										26															
b Other	16b										27															
Legal and professional services	17										28															
Office expense	18										29															
Total expenses before expenses for business use of home. Add lines 8 through 27 in columns.	28										30															
Tentative profit (loss). Subtract line 28 from line 7.	29										31															
Expenses for business use of your home. Attach Form 8829.	30																									
Net profit or (loss). Subtract line 30 from line 29.	31																									

32 If you have a loss, check the box that describes your investment in this activity.

32 a ☒ All investment is at risk.

32 b ☐ Some investment is not at risk.

32 c ☐ If you checked 32a, 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.

32 d ☐ If you checked 32b, you must attach Form 6198.

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

Schedule C (Form 1040) 1995

Name(s) Shown on Return. Do Not Enter Name and Social Security Number if Shown on Page 1.

Your Social Security Number

Roberto Curbelo, Jr

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 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) Name	(b) Enter P for partnership; S for S Corporation	(c) Check if foreign partnership	(d) Employer identification number	Investment at Risk? (e) All is at risk (f) Some is not at risk
A	Curbelo & Sons, Inc.	S		59-2090259	X
B	Natalie West Homes Inc.	S		65-0432520	X
C	Natalie West, Inc.	S		65-0463227	X
D					
E					

Passive Income and Loss		Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562
A		2,572.	
B			51,368.
C		10,151.	
D			
E			
28a Totals			51,368.
b Totals		12,723.	
29 Add columns (h) and (k) of line 28a			51,368.
30 Add columns (g), (i), and (j) of line 28b			-12,723.
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below			38,645.

Part III Income or Loss from Estates and Trusts

32	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
33a Totals		
b Totals		
34 Add columns (d) and (f) of line 33a		34
35 Add columns (c) and (e) of line 33b		35
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below		36

Part IV Income or Loss from Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(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

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	38,645.
41	Reconciliation of Farming and Fishing Income: Enter your gross 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	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional (see instructions), 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	-2,572.

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.

OMB No. 1545-0074

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

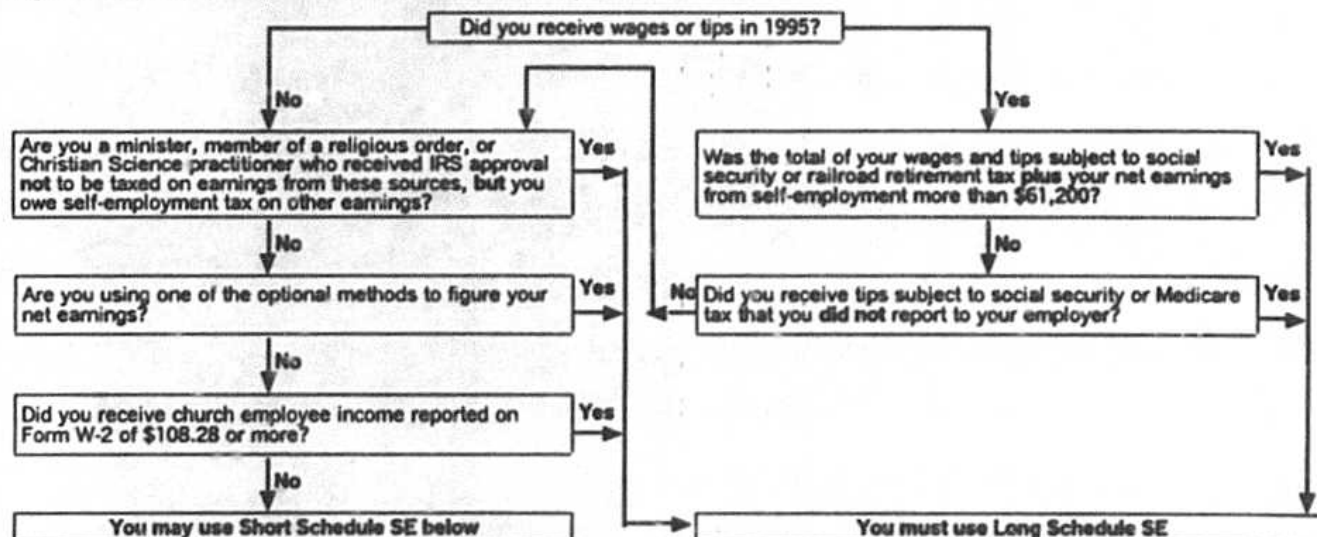
You must file Schedule SE if:

- 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?



COPY

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 1040, line 47. • 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 1040, line 47.	5	3,720.
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	6	1,860.

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

Name(s) shown on return
Roberto Curbelo, Jr

Social Security Number

Seller-Financed Mortgage Interest Income

Payer's Name	Address	SSN or EIN	Total Interest
-----	-----		
-----	-----		
-----	-----		

Interest Income and Adjustments

Payer's Name	Total Interest	Type	State ID	Adj Amt (enter as pos)	Priv Actv Bond Amt Incl In Int

Interest Income from K-1 Worksheets

Payer's Name	Taxable Int	Tax-Exempt	Priv Actv
Curbelo & Sons, Inc.	83.		

Summary

1	Total Interest Income (including Schedule B entries)	6,083.
2	Tax-Exempt Interest (to Form 1040, line 8b) (Type E)	
3	U.S. Savings Bond Interest Previously Reported (Type U)	
4	Nominee Distribution (Type N)	
5	OID Adjustment (Type O)	
6	ABP Adjustment (Type B)	
7	Accrued Interest (Type A)	
8	Other Adjustment (Type H)	
9	Interest entered directly on Schedule B	6,000.
10	Total to Schedule B, line 1 (Line 1 less lines 2 - 9)	83.

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

OMB No. 1545-0188

1995

Department of the Treasury
Internal Revenue Service

1 Your Name(s) Roberto Curbelo, Jr		2a Amount due — Add lines 6c, d, and e = \$ 23,000.
Address 14780 S.W. 57th Terrace		
City, Town or Post Office Miami	State ZIP Code FL 33193	b Amount you are paying = \$ 3,000.

3 Your Social Security Number

4 Spouse's Social Security Number

5 I request an automatic 4-month extension of time to August 15, 1996, to file my individual tax return for the calendar year 1995 or to _____, 19____, for the fiscal tax year ending _____, 19____.

6 Individual Income Tax		Gift of GST Tax Return(s) Check here Only if filing a gift or GST tax return		Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>
a Total tax liability for 1995	\$ 23,159.	d Amount of gift or GST tax you are paying	\$ _____	
b Total payments for 1995	\$ 159.	e Your spouse's gift/GST tax payment	\$ _____	
c Balance Due. Subtract 6b from 6a	\$ 23,000.			

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.

Your Signature <i>Roberto Curbelo Jr</i>	Date 4-15-96	Spouse's Signature, if filing jointly <i>C.O.D.</i>	Date 4-15-96
Preparer's Signature (other than taxpayer)			

BAA For Paperwork Reduction Act Notice, see separate instructions.

ROBERTO CURBELO JR. 8855 SW 27TH ST. MIAMI, FL 33185		1384 63-1168 5/870
PAY TO THE ORDER OF I. R. S.		\$ 3000.00
three thousand		00 DOLLARS
R READY STATE BANK 14702 S.W. 56th Street Miami, FL 33185		
FOR TAX EXTENSION		22 C ?

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

OMB No. 1545-0066

1995

59

Department of the Treasury
Internal Revenue Service▶ See instructions.
▶ You must complete all items that apply to you.

Please type or print.

File the original and one copy by the due date for filing your return.

Your First Name

MI

Last Name

Roberto

Curbelo, Jr

If a Joint Return, Spouse's First Name

MI

Last Name

Your Social Security Number

Spouse's Social Security Number

Home Address (number, street, and apartment number or rural route). If You Have a P.O. Box, See the instructions.

14780 S.W. 57th Terrace

City, Town or Post Office

State

ZIP Code

Miami

FL

33193

1 I request an extension of time until 10/15, 19 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 adequate explanation _____

Information from third party still pending3 Have you filed Form 4868 to request an extension of time to file for this tax year? ☒ Yes ☐ No
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 _____

Yourself ☐Spouse ☐

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 ▶

Date ▶

Signature of Spouse ▶

Date ▶

Signature of Preparer
Other Than Taxpayer ▶

Date ▶

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 considering 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.
- ☐ Other _____

Director

By

Date

Name

Avel A. Gonzalez, C. P. A.

Number & Street (include suite, room, or apt no.) or P.O. Box Number if Mail is Not Delivered to Street Address

2676 S.W. 137th Avenue

City, Town or Post Office

State

ZIP Code

Miami

FL

33175

If you want the copy of this form returned to you at an address other than that shown above or to an agent acting for you, enter the name of the agent and/or the address where the copy should be sent.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 2688 (1995)

Form **1040**

Department of the Treasury-Internal Revenue Service

U.S. Individual Income Tax Return 1996

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 1996, or other tax year beginning

, 1996, ending

, 19

OMB No. 1545-0074

Label
(See
page 11.)L
A
B
E
L

H
E
R
E

Your first name and initial

Last name

Roberto**Curbelo**

If a joint return, spouse's first name and initial

Last name

Sandra**Alvarez**

Home address (number and street). If you have a P.O. box, see page 11.

Apt., no.

14780 SW 57th Terrace

City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.

Miami**FL 33193**

Your social security number

Spouse's social security number

For help finding line
instructions, see pages
2 and 3 in the booklet.

Yes	No	Note: Checking
	<input checked="" type="checkbox"/>	"Yes" will not
	<input checked="" type="checkbox"/>	change your tax or
		reduce your refund.

Use the IRS
label.
Otherwise,
please print
or type.Presidential
Election Campaign
(See page 11.)

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Filing Status

1
2
3

Single

☒ Married filing joint return (even if only one had income)Married filing separate return. Enter spouse's social security no. above
and full name here. ▶Check only
one box.4
5Head of household (with qualifying person). (See instr.) If the qualifying person is a child but
not your dependent, enter this child's name here. ▶

Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See instructions.)

Exemptions

6a

☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax
return, do not check box 6a

b

☒ Spouse

c

Dependents:

(1) First name

Last name

(2) Dependent's social
security number. If born
in Dec. 1996, see instr.(3) Dependent's
relationship to
you(4) No. of
months
lived in
your home
in 1996No. of boxes
checked on
in. 6a & 6b
No. of your
children on
line 6c who:
* lived with
you
* did not live
with you due
to divorce or
separation
(see instr.)Dependents
on 6c not
entered
aboveAdd numbers
entered on
lines above ▶

2

2

If more than six
dependents,
see the
instructions
for line 6c.

d

Total number of exemptions claimed

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2

7

45,192

8a

Taxable interest. Attach Schedule B if over \$400

8a

137

b

Tax-exempt interest. DO NOT include on line 8a

8b

9

Dividend income. Attach Schedule B if over \$400

9

10

Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

10

11

Alimony received

11

12

Business income or (loss). Attach Schedule C or C-EZ

12

20,156

13

Capital gain or (loss). If required, attach Schedule D

13

14

Other gains or (losses). Attach Form 4797

14

15a

Total IRA distributions

15a

b Taxable amount (see instr.)

15b

16a

Total pensions and annuities

16a

b Taxable amount (see instr.)

16b

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

62,784

18

Farm income or (loss). Attach Schedule F

18

19

Unemployment compensation

19

20a

Social security benefits

20a

b Taxable amount (see instr.)

20b

21

Other income. List type & amount-see instr.

21

22

Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

128,269

Adjusted
Gross
Income

23a

Your IRA deduction (see instructions)

23a

b

Spouse's IRA deduction (see instructions)

23b

24

Moving expenses. Attach Form 3903 or 3903-F

24

25

One-half of self-employment tax. Attach Schedule SE

25

1,424

26

Self-employed health insurance deduction (see instr.)

26

27

Keogh & self-employed SEP plans. If SEP, check ▶ ☐

27

28

Penalty on early withdrawal of savings

28

29

Alimony paid. Recipient's SSN ▶

29

30

Add lines 23a through 29

30

1,424

31

Subtract line 30 from line 22. This is your adjusted gross income ▶

31

126,845

If line 31 is under
\$28,495 (under
\$9,500 if a child
did not live with
you), see the
instructions for
line 54.

For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Form **1040** (1996)

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	126,845
	33a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	33a	
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here	33b	
	34	Enter the larger of: Remized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b of someone you can claim you as a dependent. • Single—\$4,000 • Married filing jointly or Qualifying widow(er)—\$8,700 • Head of household—\$5,000 • Married filing separately—\$3,350	34	24,444
Credits	35	Subtract line 34 from line 32	35	102,401
	36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the instr. for the amount to enter	36	5,100
	37	Taxable income. Subl. line 36 from line 35. If in. 36 is more than in. 35, enter -0-	37	97,301
	38	Tax. See instructions. Check if total includes any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	38	22,051
Other Taxes	39	Credit for child and dependent care expenses. Attach Form 2441	39	
	40	Credit for the elderly or the disabled. Attach Schedule R	40	
	41	Foreign tax credit. Attach Form 1116	41	
	42	Other. Check if from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 6396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	42	
	43	Add lines 39 through 42	43	
	44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-	44	22,051
	45	Self-employment tax. Attach Schedule SE	45	2,848
	46	Alternative minimum tax. Attach Form 6251	46	
	47	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	47	
	48	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	48	
Payments	49	Advance earned income credit payments from Form(s) W-2	49	
	50	Household employment taxes. Attach Schedule H	50	
	51	Add lines 44 - 50. This is your total tax	51	24,899
	52	Federal income tax withheld from Form(s) W-2 and 1099	52	4,620
	53	1996 estimated tax payments & amount applied from 1995 return	53	
	54	Earned income credit. Attach Sch. EIC if you have a qualifying child. Nontaxable earned inc.: amt. & type	54	NO
	55	Amount paid with Form 4868 (request for extension)	55	
	56	Excess social security and RRTA tax withheld (see instr.)	56	
	57	Other payments. Check if from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	57	
	58	Add lines 52 through 57. These are your total payments	58	4,620
Refund	59	If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID	59	
	60a	Amount of line 59 you want REFUNDED TO YOU	60a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
Amount You Owe	61	Amount of line 59 you want APPLIED TO YOUR 1997 EST. TAX	61	
	62	If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions	62	21,040
	63	Estimated tax penalty. Also include on line 62	63	761

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Spouse's signature. If a joint return, BOTH must sign.

Date

Spouse's occupation

Preparer's signature

Date

Check if self-employed ☒

Preparer's social security no.

Paid

Preparer's Firm's name (or yours)

Avel A. Gonzalez, CPA

EIN 59-1932734

Use Only If self-employed and address

2688 SW 137th Avenue
Miami FL

ZIP code 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. 1545-0145

1996Attachment
Sequence No. **06**Department of the Treasury
Internal Revenue Service

Name(s) shown on tax return

Identifying number

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.

Part I Reasons For Filing- 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.

1 Check whichever boxes apply (if none apply, see the Note above):

- a** ☐ You request a waiver. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 2 of the instructions.
- b** ☐ 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.
- c** ☐ 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

2 Enter your 1996 tax after credits (see page 2 of the instructions)	2	22,051
3 Other taxes (see page 2 of the instructions)	3	2,848
4 Add lines 2 and 3	4	24,899
5 Earned income credit	5	
6 Credit for Federal tax paid on fuels	6	
7 Add lines 5 and 6	7	
8 Current year tax. Subtract line 7 from line 4	8	24,899
9 Multiply line 8 by 90% (.90)	9	22,409
10 Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions)	10	4,620
11 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
12 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
13 Required annual payment. Enter the smaller of line 9 or line 12	13	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.)

14 Enter the amount, if any, from line 10 above	14	4,620
15 Enter the total amount, if any, of estimated tax payments you made	15	
16 Add lines 14 and 15	16	4,620
17 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	17	12,876
18 Multiply line 17 by .05914	18	761
19 <ul style="list-style-type: none"> 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. 		
Amount on line 17	X	
Number of days paid before 4/15/97	X	.00025
	19	0
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 28; or Form 1041, line 25	20	761

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

Form **2210** (1996)

SCHEDULES A&B

(Form 1040)

Department of the Treasury
Internal Revenue Service**Schedule A-Itemized Deductions**

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1996Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Roberto Curbelo & Sandra Alvarez

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-1)	1	
2	Enter amount from Form 1040, line 32 2	2	
3	Multiply line 2 above by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5 State and local income taxes	5	
(See page A-1.)	6 Real estate taxes (see page A-2)	6	4,388
	7 Personal property taxes	7	45
	8 Other taxes. List type and amount ▶	8	
	9 Add lines 5 through 8	9	4,433
Interest You Paid	10 Home mortgage interest & points reported to you on Form 1098	10	18,903
(See page A-2.)	11 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 person's name, identifying no., and address ▶	11	
	12 Points not reported to you on Form 1098. See page A-3 for special rules	12	
Note: Personal interest is not deductible.	13 Investment interest. If required, attach Form 4952. (See page A-3.)	13	
	14 Add lines 10 through 13	14	18,903
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-3	15	1,375
If you made a gift and got a benefit for it, see page A-3.	16 Other than by cash or check. If any gift of \$250 or more, see page A-3. If over \$500, you MUST attach Form 8283	16	
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	1,375
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.)	19	
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-4.) ▶	20	
(See page A-4 for expenses to deduct here.)	21 Tax preparation fees	21	
	22 Other expenses—investment, safe deposit box, etc. List type and amount ▶	22	
	23 Add lines 20 through 22	23	
	24 Enter amount from Form 1040, line 32 24	24	
	25 Multiply line 24 above by 2% (.02)	25	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0
Other Miscellaneous Deductions	27 Other—from list on page A-4. List type and amount ▶	27	
Total Itemized Deductions	28 Is Form 1040, line 32, over \$117,950 (over \$58,975 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. YES. Your deduction may be limited. See page A-5 for the amount to enter.	28	24,444

For Paperwork Reduction Act Notice, see Form 1040 instructions.

* Limited by AGI

Schedule A (Form 1040) 1996

SCHEDULE C

(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

1996Department of the Treasury
Internal Revenue Service (99)

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. **09**

Name of proprietor

Social security number (SSN)

Roberto Curbelo**A** Principal business or profession, including product or service (see page C-1)**Management, Real Estate****B** Enter principal business code
(see page C-6) ▶**C** Business name. If no separate business name, leave blank.**Roberto Curbelo Jr.****D** Employer ID number (EIN), if any**E** Business address (including suite or room no.) ▶**14780 SW 57th Terrace**

City, town or post office, state, and ZIP code

Miami**FL 33193****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses☒ Yes☐ No**H** If you started or acquired this business during 1996, check here**Part 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 checked, see page C-2 and check 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 page 2)**4****5** Gross profit. Subtract line 4 from line 3**5****34,100****6** Other income, including Federal & state gasoline or fuel tax credit or ref. (see page C-2)**6****7** Gross income. Add lines 5 and 6**7****34,100****Part II Expenses. Enter expenses for business use of your home only on line 30.****8** Advertising**8****9** Bad debts from sales or services (see page C-3)**9****10** Car and truck expenses**10**

(see page C-3)

11 Commissions and fees**11****12** Depletion**12****13** Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)**13****904****14** Employee benefit programs (other than on line 19)**14****15** Insurance (other than health)**15****16** Interest:**a** Mortgage (paid to banks, etc.)**16a****b** Other**16b****17** Legal and professional services**17****18** Office expense**18****19** Pension and profit-sharing plans**19****20** Rent or lease (see page C-4):**20a****a** Vehicles, machinery, & equipment**20a****b** Other business property**20b****21** Repairs and maintenance**21****22** Supplies (not included in Part III)**22****23** Taxes and licenses**23****24** Travel, meals, and entertainment:**24a****a** Travel**24a****4,250****b** Meals and entertainment**2,680****c** Enter 50% of in. 24b subject to limitations (see page C-4)**1,340****d** Subtract line 24c from line 24b**24d****1,340****25** Utilities**25****26** Wages (less employment credits)**26****27** Other expenses (from line 48 on page 2)**27****8,050****28** Total expenses before expenses for business use of home. Add lines 8 through 27 in columns**28****14,544****29** Tentative profit (loss). Subtract line 28 from line 7**29****19,556****30** Expenses for business use of your home. Attach Form 8829**30****31** Net profit or (loss). Subtract line 30 from line 29.**31****19,556**

* If a profit, enter 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.

* If a loss, you MUST go on to line 32.

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.

* If you checked 32b, you MUST attach Form 6198.

32a☐ All investment is at risk.**32b**☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1996

Roberto Curbelo

Schedule C (Form 1040) 1998 **Management, Real Estate**

Page 2

Part III Cost of Goods Sold (see page C-5)

- | | | | |
|----|--|------------------------------|-----------------------------|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) | | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | |
| 37 | Cost of labor. Do not include salary paid to yourself | 37 | |
| 38 | Materials and supplies | 38 | |
| 39 | Other costs | 39 | |
| 40 | Add lines 35 through 39 | 40 | |
| 41 | Inventory at end of year | 41 | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | 42 | |

Part IV **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.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶
- 44 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:
- a Business b Commuting c Other
- 45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 46 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No
- 47a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

[illegible]

SCHEDULE C

(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

1996Department of the Treasury
Internal Revenue Service (99)

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. **09**

Name of proprietor

Social security number (SSN)

Roberto Curbelo**A** Principal business or profession, including product or service (see page C-1)**FMV of company car****B** Enter principal business code
(see page C-6) ▶**C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN), if any**E** Business address (including suite or room no.) ▶**14780 SW 57th Terrace**

City, town or post office, state, and ZIP code

Miami**FL 33193****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses☒ Yes☐ No**H** If you started or acquired this business during 1996, check here**Part 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 checked, see page C-2 and check here	<input type="checkbox"/>	1	600
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	600
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	600
6 Other income, including Federal & state gasoline or fuel tax credit or ref. (see page C-2)		6	
7 Gross income. Add lines 5 and 6		7	600

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	19 Pension and profit-sharing plans	19
9 Bad debts from sales or services (see page C-3)	9	20 Rent or lease (see page C-4):	
10 Car and truck expenses (see page C-3)	10	a Vehicles, machinery, & equipment	20a
11 Commissions and fees	11	b Other business property	20b
12 Depletion	12	21 Repairs and maintenance	21
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	22 Supplies (not included in Part III)	22
14 Employee benefit programs (other than on line 19)	14	23 Taxes and licenses	23
15 Insurance (other than health)	15	24 Travel, meals, and entertainment:	
16 Interest:		a Travel	24a
a Mortgage (paid to banks, etc.)	16a	b Meals and entertainment	
b Other	16b	c Enter 50% of ln. 24b subject to limitations (see page C-4)	
17 Legal and professional services	17	d Subtract line 24c from line 24b	24d
18 Office expense	18	25 Utilities	25
		26 Wages (less employment credits)	26
		27 Other expenses (from line 48 on page 2)	27

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	0
29 Tentative profit (loss). Subtract line 28 from line 7	29	600
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29.	31	600

* If a profit, enter 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.

* If a loss, you MUST go on to line 32.

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.

* If you checked 32b, you MUST attach Form 6198.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Schedule E (Form 1040) 1996

Attachment Sequence No. 13 Page 2

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

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 I 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 ln. 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	(d) Employer identification number	(e) All is at risk	(f) Some is not at risk
A	Curbelo & Sons, Inc.	S		59-2090259	X	
B	Natalie West Homes Inc.	S		65-0432520	X	
C	Natalie West, Inc.	S		65-0463227	X	
D	Natalie Cove, Inc.	S		65-0627017	X	
E						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A	0			9,688	
B	0			6,964	
C	0			61,061	
D	0	14,929			
E					
28a Totals				77,713	
b Totals		14,929			
29 Add columns (h) and (k) of line 28a				77,713	
30 Add columns (g), (i), and (j) of line 28b				14,929	
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below				62,784	

Part II Income or Loss From Estates and Trusts

32		(a) Name		(b) Employer identification number		
A						
B						
Passive Income and Loss				Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1		
(f) Other income from Schedule K-1						
A						
B						
33a	Totals					
b	Totals					
34	Add columns (d) and (f) of line 33a				34	
35	Add columns (c) and (e) of line 33b				35	
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below				36	

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

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-4)	(d) Taxable income (net loss) from Schedules Q, line 1b	(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				

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 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)	41	
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**

Department of the Treasury-Internal Revenue Service

U.S. Individual Income Tax Return 1997

(99)

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 1997, or other tax year beginning

1997, ending

19

OMB No. 1545-0074

Label
(See
instructions
on page 10.)Use the IRS
label.
Otherwise,
please print
or type.Presidential
Election Campaign
(See page 10.)L
A
B
E
L

H
E
R
E

Your first name and initial

Roberto

Last name

Curbelo

If a joint return, spouse's first name and initial

Sandra

Last name

Alvarez

Home address (number and street). If you have a P.O. box, see page 10.

14780 SW 57th Terrace

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.

Miami**FL 33193**

Your social security number

Spouse's social security number

For help in finding line
instructions, see pages
2 and 3 in the booklet.

Yes

No

Note: Checking
"Yes" will not
change your tax or
reduce your refund.☐☒☐☒

Filing Status

Check only
one box.1
2
3
4
5☐ Single☒ Married filing joint return (even if only one had income)☐ Married filing separate return. Enter spouse's social security no. above
and full name here. ▶☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is a child
but not your dependent, enter this child's name here. ▶☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 10.)

Exemptions

6a

☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax
return, do not check box 6a

b

☒ Spouse

c

Dependents:

(1) First name Last name

(2) Dependent's
social security number(3) Dependent's
relationship to
you(4) No. of
months
lived in
your home
in 1997No. of boxes
checked on
6a and 6bNo. of your
children on 6cwho:
• lived with
you
• did not live
with you due
to divorce or
separation
(see page 11)Dependents
on 6c not
entered
aboveAdd numbers
entered on
lines above ▶

d

Total number of exemptions claimed

Income

Attach
Copy B of your
Forms W-2,
W-2G, and
1099-R here.If you did not
get a W-2,
see page 12.Enclose, but do
not attach any
payment. Also,
please use
Form 1040-V.

7

Wages, salaries, tips, etc. Attach Form(s) W-2

7

44,464

8a

Taxable interest. Attach Schedule B if required

8a

193

b

Tax-exempt interest. DO NOT include on line 8a

8b

9

Dividends. Attach Schedule B if required

9

10

Taxable refunds, credits, or offsets of state and local income taxes (see page 12)

10

11

Alimony received

11

12

Business income or (loss). Attach Schedule C or C-EZ

12

102,820

13

Capital gain or (loss). Attach Schedule D

13

14

Other gains or (losses). Attach Form 4797

14

15a

Total IRA distributions

15a

b Taxable amount (see page 13)

15b

16a

Total pensions and annuities

16a

b Taxable amount (see page 13)

16b

28,050

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18

Farm income or (loss). Attach Schedule F

18

19

Unemployment compensation

19

20a

Social security benefits

20a

b Taxable amount (see page 14)

20b

21

Other income. List type & amount-see pg. 15

21

22

Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

175,527

Adjusted
Gross
IncomeIf line 32 is under
\$29,290 (under
\$9,770 if a child
did not live with
you), see EIC inst
on page 21.

23

IRA deduction (see page 16)

23

24

Medical savings account deduction. Attach Form 8853

24

25

Moving expenses. Attach Form 3903 or 3903-F

25

26

One-half of self-employment tax. Attach Schedule SE

26

4,626

27

Self-employed health insurance deduction (see page 17)

27

28

Keogh and self-employed SEP and SIMPLE plans

28

29

Penalty on early withdrawal of savings

29

30

a Alimony paid b Recipient's SSN ▶

30a

31

Add lines 23 through 30a

31

4,626

32

Subtract line 31 from line 22. This is your adjusted gross income ▶

32

170,901

For Privacy Act and Paperwork Reduction Act Notice, see page 38.

Form **1040** (1997)

Form 1040 (1997) **Roberto Curbelo & Sandra Alvarez**

Page 2

33 Amount from line 32 (adjusted gross income)		33	170,901
Tax Computation	34a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	34a	
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 18 and check here	34b	
	35 Enter the larger of: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see page 18 if you checked any box on line 34a or 34b of someone you can claim you as a dependent. • Single—\$4,150 • Married filing jointly or Qualifying widow(er)—\$6,900 • Head of household—\$4,050 • Married filing separately—\$3,450 </div>	35	21,109
	36 Subtract line 35 from line 33	36	149,792
If you want the IRS to figure your tax, see page 18.	37 If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions claimed on line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount to enter	37	5,300
	38 Taxable income. Subt. line 37 from line 36. If ln. 37 is more than ln. 36, enter -0-	38	144,492
	39 Tax. See page 19. Check if any tax from a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	39	36,449
Credits	40 Credit for child and dependent care expenses. Attach Form 2441	40	
	41 Credit for the elderly or the disabled. Attach Schedule R	41	
	42 Adoption credit. Attach Form 8839	42	
	43 Foreign tax credit. Attach Form 1118	43	
	44 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	44	
	45 Add lines 40 through 44	45	
	46 Subtract line 45 from line 39. If line 45 is more than line 39, enter -0-	46	36,449
Other Taxes	47 Self-employment tax. Attach Schedule SE	47	9,252
	48 Alternative minimum tax. Attach Form 6251	48	
	49 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	49	
	50 Tax on qualified retirement plans (including IRAs) & MSAs. Attach Form 5329 if required	50	
	51 Advance earned income credit payments from Form(s) W-2	51	
	52 Household employment taxes. Attach Schedule H	52	
	53 Add lines 48 - 52. This is your total tax	53	45,701
Payments	54 Federal income tax withheld from Forms W-2 and 1099	54	4,698
	55 1997 estimated tax payments & amount applied from 1996 return	55	
	56a Earned income credit. Attach Sch. EIC if you have a qualifying child b Nontaxable earned inc.: amt	56a	
	57 Amount paid with Form 4068 (request for extension)	57	
	58 Excess social security and RRTA tax withheld (see page 27)	58	
	59 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
	60 Add ln. 54, 55, 56a, 57, 58, & 59. These are your total payments	60	4,698
Refund	61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID	61	
	62a Amount of line 61 you want REFUNDED TO YOU	62a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
	63 Amount of line 61 you want APPLIED TO YOUR 1998 EST. TAX	63	
Amount You Owe	64 If line 63 is more than line 60, subtract line 60 from line 63. This is the AMOUNT YOU OWE For details on how to pay, see page 27	64	42,212
	65 Estimated tax penalty. Also include on line 64	65	1,209

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Keep a copy of this return for your records.

Your signature

Date

Your occupation

Spouse's signature. If a joint return, BOTH must sign.

Date

Spouse's occupation

Preparer's signature

Date

Check if self-employed ☐

Preparer's social security no.

Paid

Preparer's Firm's name (for your Use Only if self-employed) and address

Avel A. Gonzalez, PA
2688 SW 137th Avenue
Miami FL

EIN 65-0776976

ZIP code 33175

Form **2210****Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**

OMB No. 1545-0140

1997Department of the Treasury
Internal Revenue Service

See separate instructions.

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

Attachment
Sequence No. **06**

Name(s) shown on tax return

Identifying number

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 32 on the penalty line of your return, but do not attach Form 2210.

Part I Reasons For Filing—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.

1 Check whichever boxes apply (if none apply, see the Note above):

- a ☐ You request a waiver. In certain circumstances, the IRS will waive all or part of the penalty. See Waiver of Penalty on page 1 of the instructions.
- b ☐ 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.
- c ☐ 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 1996 tax and you filed or are filing a joint return for either 1996 or 1997 but not for both years.

Part II Required Annual Payment

2	Enter your 1997 tax after credits (see page 2 of the instructions). Caution: Also see page 2 for a special rule if claiming the research credit	2	36,449
3	Other taxes (see page 2 of the instructions)	3	9,252
4	Add lines 2 and 3	4	45,701
5	Earned income credit	5	
6	Credit for Federal tax paid on fuels	6	
7	Add lines 5 and 6	7	
8	Current year tax. Subtract line 7 from line 4	8	45,701
9	Multiply line 8 by 90% (.90)	9	41,131
10	Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions)	10	4,698
11	Subtract line 10 from line 9. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty	11	41,003
12	Enter the tax shown on your 1996 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 1997, more than \$75,000). Caution: See page 2 of the instructions	12	24,899
13	Required annual payment. Enter the smaller of line 9 or line 12	13	24,899

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.)

14	Enter the amount, if any, from line 10 above	14	4,698	
15	Enter the total amount, if any, of estimated tax payments you made	15		
16	Add lines 14 and 15	16	4,698	
17	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	17	20,201	
18	Multiply line 17 by .05986	18	1,209	
19	<ul style="list-style-type: none">• If the amount on line 17 was paid on or after 4/15/98, enter -0-.• If the amount on line 17 was paid before 4/15/98, make the following computation to find the amount to enter on line 19.			
	Amount on line 17	X	Number of days paid before 4/15/98	X
				.00025
				19
				0
20	PENALTY. Subtract line 19 from line 18. Enter the result here and on Form 1040, line 65; Form 1040A, line 34; Form 1040NR, line 65; Form 1040NR-EZ, line 28; or Form 1041, line 27	20	1,209	

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

Form **2210** (1997)

SCHEDULES A&B

(Form 1040)

Schedule A-Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

1997

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

Roberto Curbelo & Sandra Alvarez

Caution: Do not include expenses reimbursed or paid by others.

Medical and Dental Expenses	1	Medical and dental expenses (see page A-1)	1	
	2	Enter amount from Form 1040, line 25	2	
	3	Multiply line 2 above by 7.5% (.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5	State and local income taxes	5	
	6	Real estate taxes (see page A-2)	6	4,387
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ▶	8	55
	9	Other Taxes	9	
	10	Add lines 5 through 8	10	4,442
Interest You Paid	11	Home mortgage interest & points reported to you on Form 1098	11	16,650
	12	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	12	
	13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13	
	14	Add lines 10 through 13	14	16,650
Gifts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-3	15	1,508
	16	Other than by cash or check. If any gift of \$250 or more, see page A-3. You MUST attach Form 8283 if over \$500	16	
	17	Carryover from prior year	17	
	18	Add lines 15 through 17	18	1,508
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-4.)	19	
Job Expenses and Other Miscellaneous Deductions	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-4.) ▶	20	
	21	Tax preparation fees	21	
	22	Other expenses—investment, safe deposit box, etc. List type and amount ▶	22	
	23	Add lines 20 through 22	23	
	24	Enter amount from Form 1040, line 33	24	
	25	Multiply line 24 above by 2% (.02)	25	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0
Other Miscellaneous Deductions	27	Other—From list on page A-6. List type and amount ▶	27	
Total Itemized Deductions	28	Is Form 1040, line 35, over \$121,200 (over \$60,600 if married filing separately)?	28	21,109
		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 35, the larger of this amount or your standard deduction.		
		YES. Your deduction may be limited. See page A-6 for the amount to enter.		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

* Limited by AGI

Schedule A (Form 1040) 1997

SCHEDULE C
 (Form 1040)

Profit or Loss From Business
 (Sole Proprietorship)

OMB No. 1545-0074

1997

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

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

Roberto Curbelo

 A Principal business or profession, including product or service (see page C-1)
Management, Real Estate

 B Enter principal business code
 (see page C-6) ▶

 C Business name. If no separate business name, leave blank.
Roberto Curbelo Jr.

D Employer ID number (EIN), if any

 E Business address (including suite or room no.) ▶
 City, town or post office, state, and ZIP code

14780 SW 57th Terrace

Miami

FL 33193

 F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses

☒ Yes☐ No

H If you started or acquired this business during 1997, check here

Part 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 checked, see page C-2 and check here	1	115,029
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	115,029
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	115,029
6	Other income, including Federal & state gasoline or fuel tax credit or ref. (see page C-2)	6	
7	Gross income. Add lines 5 and 6	7	115,029

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-3)	9		20	Rent or lease (see page C-4):	20a	
10	Car and truck expenses (see page C-3)	10		a	Vehicles, machinery, & equipment	20b	
11	Commissions and fees	11		b	Other business property	21	
12	Depletion	12		21	Repairs and maintenance	22	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	904	22	Supplies (not included in Part III)	23	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	24	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:	24a	3,125
16	Interest:	16a		a	Travel	24b	
a	Mortgage (paid to banks, etc.)	16b		b	Meals and entertainment	24c	2,460
b	Other	17		c	Enter 50% of in. 24b subject to limitations (see page C-4)	24d	1,230
17	Legal and professional services	17		d	Subtract line 24c from line 24b	25	1,230
18	Office expense	18		25	Utilities	26	
26	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	26		26	Wages (less employment credits)	27	7,700
29	Tentative profit (loss). Subtract line 26 from line 7	29	102,070	27	Other expenses (from line 48 on page 2)	28	12,959
30	Expenses for business use of your home. Attach Form 8829	30		28		29	102,070
31	Net profit or (loss). Subtract line 30 from line 29. * If a profit, enter 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. * If a loss, you MUST go on to line 32.	31	102,070	29		30	

 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.
 * If you checked 32b, you MUST attach Form 6198.

 32a ☐ All investment is at risk.
 32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1997

SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

1997Department of the Treasury
Internal Revenue Service (99)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. **09**

Name of proprietor

Social security number (SSN)

Roberto Curbelo**A** Principal business or profession, including product or service (see page C-1)
FMV of company car**B** Enter principal business code
(see page C-6) ▶**C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN), if any**E** Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code**14780 SW 57th Terrace**
Miami FL 33193**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 1997, check here ▶**Part 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 checked, see page C-2 and check here ▶ <input type="checkbox"/>	1	750
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	750
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	750
6 Other income, including Federal & state gasoline or fuel tax credit or ref. (see page C-2)	6	
7 Gross income. Add lines 5 and 6	7	750

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-4):		
10 Car and truck expenses (see page C-3)	10		a Vehicles, machinery, & equipment	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		
b Other	16b		c Enter 50% of in. 24b subject to limitations (see page C-4)		
17 Legal and professional services	17		d Subtract line 24c from line 24b	24d	
18 Office expense	18		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns ▶	28	0	26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29	750	27 Other expenses (from line 48 on page 2)	27	
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29. * If a profit, enter 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. * If a loss, you MUST go on to line 32.	31	750			

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.
* If you checked 32b, you MUST attach Form 6198.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1997

Schedule E (Form 1040) 1997

Attachment Sequence No. 13 Page 2

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

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 ln. 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	(d) Employer identification number	Investment (e) All is at risk	(f) Some is not at risk
A	Curbelo & Sons, Inc.	S		59-2090259	X	
B	Natalie West Homes Inc.	S		65-0432520	X	
C	Natalie West, Inc.	S		65-0463227	X	
D	Natalie Cove, Inc.	S		65-0627017	X	
E						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A	0			3,366	
B	0	438			
C	0			26,782	
D	0	1,660			
E					
28a Totals				30,148	
b Totals		2,098			
29 Add columns (h) and (k) of line 28a			29	30,148	
30 Add columns (g), (i), and (j) of line 28b			30	2,098	
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below			31	28,050	

Part III Income or Loss From Estates and Trusts

32		(a) Name		(b) Employer Identification number	
A					
B					
Passive income and Loss				Nonpassive income and Loss	
(c) Passive deduction or loss allowed (attach FORM 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
				(f) Other income from Schedule K-1	
A					
B					
33a	Totals				
b	Totals				
34	Add columns (d) and (f) of line 33a				34
35	Add columns (c) and (e) of line 33b				35
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below				36

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

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-3)	(d) Taxable income (net loss) from Schedules Q, line 1b	(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

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	28,050
41 Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1085), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-5)	41	
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

Schedule SE (Form 1040) 1997

Attachment Sequence No. 17

Page 2

Name of person with self-employment income (as shown on Form 1040)

Roberto Curbelo

Social security number of person

with self-employment income ▶

Section B-Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

- A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

1	Net farm profit or (loss) from Schedule F, line 38, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note: Skip this line if you use the farm optional method. See page SE-3	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 page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note: Skip this line if you use the nonfarm optional method. See page SE-3	2	102,820
3	Combine lines 1 and 2	3	102,820
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	94,954
4b	If you elected one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	94,954
5a	Enter your church employee income from Form W-2. Caution: See page SE-1 for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	0
6	Net earnings from self-employment. Add lines 4c and 5b	6	94,954
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (Tier 1) tax for 1997	7	65,400
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (Tier 1) compensation	8a	13,000
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b	
8c	Add lines 8a and 8b	8c	13,000
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	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 here and on Form 1040, line 47	12	9,252
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 26	13	4,626

Part II Optional Methods To Figure Net Earnings (See page SE-3.)

Farm Optional Method. You may use this method only if:

- * Your gross farm income ¹ was not more than \$2,400, or
- * Your gross farm income ¹ was more than \$2,400 and your net farm profits ² were less than \$1,733.

14	Maximum income for optional methods	14	1,600
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if:

- * Your net nonfarm profits ³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income, ⁴ and

- * You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

Caution: You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Schedule F, line 11, and Schedule K-1 (Form 1065), line 15b.

³ From Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a.

² From Schedule F, line 38, and Schedule K-1 (Form 1065), line 15a.

⁴ From Schedule C, line 7; Schedule C-EZ, line 1; and Schedule K-1 (Form 1065), line 15c.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach this form to your return.

OMB No. 1545-0172

1997Attachment
Sequence No. **67**

Name(s) shown on return

Identifying number

Roberto Curbelo & Sandra Alvarez

Business or activity to which this form relates

Management, Real Estate**Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Pt. V before Pt. I.)**

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$18,000
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1996. See page 3 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1997 Tax Year (Do Not Include Listed Property.)**Section A-General Asset Account Election**

- 14 If you are making the election under section 168(f)(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.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Alternative Depreciation System (ADS) (See page 6 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 6 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1997	17	904
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See page 7 of the instructions.)

20	Listed property. Enter amount from line 26	20	
21	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	21	904
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **4562** (1997)

DAA

There are no amounts for Page 2

Form **4868****Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

OMB No. 1545-0188

Department of the Treasury
Internal Revenue Service

For calendar year 1997, or other tax year beginning

, ending

1997

Part I Identification		Part II Individual Taxes	
1 Your name(s) (see instructions) Roberto Curbelo Sandra Alvarez		4 Total tax liability for 1997 \$ 9,525	
Address (see instructions) 14780 SW 57th Terrace		5 Total 1997 payments 1,525	
City, town or post office, state, and ZIP code Miami FL 33193		6 Balance. Subtract 5 from 4 8,000	
2 Your social security number		Part III Gift/GST Tax - If you are not filing a gift or GST tax return, go to Part IV now. See the instructions.	
3 Spouse's social security no.		7 Your gift or GST tax payment \$	
		8 Your spouse's gift/GST tax payment	
		Part IV Total	
This form also extends the time for filing a gift or generation-skipping transfer (GST) tax return if you file a calendar (not fiscal) year income tax return. Check below if requesting a gift or GST tax return extension, and enter your tax payment(s) in Part III:		9 Total liability. Add lines 6, 7, and 8 \$ 8,000	
Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>		10 Amount you are paying 0	
		If line 10 is less than line 9, you may be liable for interest and penalties. See page 3.	

----- CUT HERE -----

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

OWB No. 1545-0083

► You MUST complete all items that apply to you.

Last name
Curbejo

Your social security number

Spouse's social security number

PL 33165

Please fill in the Return Label at the bottom of this page.

- 3 Have you filed Form 4068 to request an automatic extension of time to file for this tax year?
- ☒ Yes ☐ No

☒ Yes ☐ No

Information you have that helps explain the hardship.

Yourself Spouse	}
	}

Signature and Verification

Signature of taxpayer _____

Date: _____

(If filing jointly, BOTH must sign even if only one had income.)

Date: _____

Carolyn S. [Signature]

Date 8/14/98

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 add the agent's name.

(Do not detach)

WE HAVE approved your application.
WE HAVE NOT approved your application.

Notice to Applicant

However, we have granted a 10-day grace period to This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return.

**To Be
Completed
by the IRS**

☐ We **HAVE NOT** approved your application. After considering the information you provided in Item 2 above, we cannot grant your request for an extension of time to file. 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

Director

Date _____

Return label (Please type or print) (Agent): Always include taxpayer's name.

Taxpayer's social security number

Avel A. Gonzalez, PA

Number and street (include suite, room, or apt. no.) or P.O. box number

Spouse's social security number

2688 SW 137th Avenue

City, town or post office, state, and ZIP code

Miami

FL 33175

For Paperwork Reduction Act Notice, see back of form.

Form **2688**Application for Additional Extension of Time To File
U.S. Individual Income Tax Return

OMB No. 1545-0068

1997

Department of the Treasury
Internal Revenue Service

▶ See instructions on back.

▶ You MUST complete all items that apply to you.

Please type or
print.File by the due
date for filing
your return.

Your first name and initial

Roberto

Last name

Curbelo

Your social security number

If a joint return, spouse's first name and initial

Sandra

Last name

Alvarez

Spouse's social security number

Home address (number and street)

14780 SW 57th Terrace

City, town or post office, state, and ZIP code

Miami

FL 33193

Please fill in the Return Label at the bottom of this page.

1 I request an extension of time until 10/15/98, to file Form 1040EZ, Form 1040A, Form 1040,
Form 1040NR-EZ, or Form 1040NR for the calendar year 1997, or other tax year ending

2 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.3 Have you filed Form 4868 to request an automatic extension of time to file for this tax year? ☒ Yes ☐ NoIf 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 have to file a gift or generation-skipping transfer (GST) tax return, complete line 4.

4 If you or your spouse plan to file a gift or GST tax return (Form 709 or 709-A) for 1997, generally
due by April 15, 1998, see the instructions and check here

Yourself

Spouse

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 ▶

Date ▶

Signature of spouse ▶

Date ▶

(If filing jointly, BOTH must sign even if only one had income.)

Signature of preparer

other than taxpayer ▶

Date ▶

8/14/98

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 add the agent's name.

RECEIVED

AUG 15 1998

(Do not detach)

Notice to
ApplicantTo Be
Completed
by the IRS☒ We HAVE approved your application.☐ We HAVE NOT approved your application.

However, we have granted a 10-day grace period to

considered a valid extension of time for elections otherwise required to be made on a timely return.

☐ We HAVE NOT approved your application. After considering the information you provided in item 2 above,

we cannot grant your request for an extension of time to file. 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

Director

Date

Return Label (Please type or print) (Agents: Always include taxpayer's name.)

Taxpayer's name (and agent's name, if applicable). If a joint return, also give spouse's name.

Avel A. Gonzalez, PA

Taxpayer's social security number

Number and street (include suite, room, or apt. no.) or P.O. box number

2688 SW 137th Avenue

Spouse's social security number

City, town or post office, state, and ZIP code

Miami

FL 33175

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

OMB No. 1545-0006

1997

Department of the Treasury
Internal Revenue ServiceSee instructions on back.
You MUST complete all items that apply to you.

Please type or print. File by the due date for filing your return.	Your first name and initial Roberto	Last name Curbelo	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street)

8855 S.W. 27th Street

City, town or post office, state, and ZIP code

Miami

FL 33165

Please fill in the Return Label at the bottom of this page.

- 1 I request an extension of time until 10/15/98 to file Form 1040EZ, Form 1040A, Form 1040, Form 1040NR-EZ, or Form 1040NR for the calendar year 1997, or other tax year ending
- 2 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.

- 3 Have you filed Form 4666 to request an automatic extension of time to file for this tax year? ☒ Yes ☐ No

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 have to file a gift or generation-skipping transfer (GST) tax return, complete line 4.

- 4 If you or your spouse plan to file a gift or GST tax return (Form 709 or 709-A) for 1997, generally due by April 15, 1998, see the instructions and check here. } Yourself ☐ Spouse ☐

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	Date
Signature of spouse	Date
(If filing jointly, BOTH must sign even if only one had income.)	
Signature of preparer other than taxpayer	Date

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 add the agent's name.

Notice to Applicant
To Be Completed by the IRS

☒ We HAVE approved your application.
We HAVE NOT approved your application.
However, we have granted a 10-day grace period to
considered a valid extension of time for elections otherwise required to be made on
☐ We HAVE NOT approved your application. After considering the information you provided in item 2, we cannot grant your request for an extension of time to file. 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

RECEIVED

AUG 15 1998

This date is

1545-0006-10

Director

Return Label (Please type or print) (Agent: Always include taxpayer's name.)

Taxpayer's name (and agent's name, if applicable, if a joint return, also give spouse's name).
Avel A. Gonzalez, PA

Number and street (include suite, room, or apt. no.) or P.O. box number

2688 SW 137th Avenue

City, town or post office, state, and ZIP code

Miami

FL 33175

Taxpayer's social security number

Spouse's social security number

(Do not detach)



Avel A. Gonzalez, P.A.
Certified Public Accountant

Member:
American Institute of
Certified Public Accountants

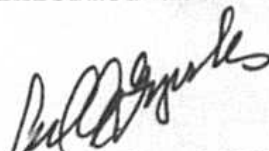
Florida Institute of
Certified Public Accountants

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

PERSONAL FINANCIAL STATEMENT
(Suggested by Federal Reserve Bank of Atlanta)

Name Roberto Curbelo Jr. To BANK
Address 14780 S.W. 57th Terr., Miami, FL

I make the following statement of all my assets and liabilities as of the 31st day of July 19 95 and give other material information for the purpose of obtaining credit with you on notes and bills bearing my signature, endorsement, or guarantee, and agree to notify you promptly of any change affecting my ability to pay

(PLEASE ANSWER ALL QUESTIONS, USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS		LIABILITIES AND NET WORTH	
Cash (See Sched No 1) On hand, and unrestricted in banks	\$ 10,000	Notes Payable to Banks, Unsecured Direct borrowing only (See Sched No 1)	75,000
U.S. Government Securities		Notes Payable to Banks, Secured Direct borrowing only (See Sched No 1)	
Accounts and Loans Receivable (See Sched No 2)	30,000	Notes Receivable, Discounted With banks, finance companies, etc. (See Sched No 1)	
Notes Receivable, Not Discounted (See Sched No 2)		Notes Payable to Others, Unsecured	
Notes Receivable, Discounted With banks, finance companies, etc. (See Sched No 2)		Notes Payable to Others, Secured	
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched No 3)		Loans Against Life Insurance (See Sched No 3)	
Other Stocks and Bonds (See Sched No 4)	1,170,000	Accounts Payable	
Real Estate (See Sched No 5)	170,000	Interest Payable	
Automobiles Registered in Own Name		Taxes and Assessments Payable (See Sched No 5)	
Other Assets (Itemize) <u>Personal assets</u>	30,000	Mortgages Payable on Real Estate (See Sched No 5)	69,000
		Brokers Margin Accounts (See Sched No 7)	
		Other Liabilities (Itemize)	
		Net Worth	\$ 1,266,000
Total Assets	\$ 1,410,000	Total Liabilities and Net Worth	\$ 1,410,000

SOURCE OF INCOME

PERSONAL INFORMATION

NOTE: YOU DO NOT HAVE TO LIST INCOME FROM ALIMONY, CHILD SUPPORT, OR MAINTENANCE UNLESS YOU WANT US TO CONSIDER IT IN CONJUNCTION WITH THIS APPLICATION

Salary	\$ 31,000	Business or occupation	Age
Bonus and commissions	\$ 40,000	Real Estate Developer	
Dividends	\$	Partner or officer in any other venture	
Real Estate Income	\$ 12,000	Married <input checked="" type="checkbox"/> Dependent Children <u>No</u>	
Other income - itemize	\$	Unmarried Other Dependents	
Total	\$ 83,000	Separated	

CONTINGENT LIABILITIES

GENERAL INFORMATION

As endorser or co-maker	\$ 0	Are any assets pledged? <u>No</u>	
On leases or contracts	\$ 0	Are you defendant in any suits or legal actions? <u>No</u>	
Legal claims	\$ 0	Have you ever made a composition settlement? Explain: <u>No</u>	
Provision for Federal Income Taxes	\$ 0	Have you ever taken bankruptcy? Explain: <u>No</u>	
Other special debt	\$ 0		

SUPPLEMENTARY SCHEDULES

No. 1 Banking Relations (A list of all my bank accounts, including savings, and loans)				
Name and Location of Bank	Cash Balance	Amt of Loan	Maturity of Loan	How Endorsed, Guaranteed, or Secured
<u>Ready State Bank</u>	<u>10000</u>	<u>75000</u>	<u>Open</u>	<u>Line of Cr-unsecured</u>

No. 2 Accounts, Loans and Notes Receivable. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owed	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
Natalie West Homes	30000	1.5 yrs	Investment	None	Open

No. 3 Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Tot. Cash Surrender Value	Tot. Loans Against Policy	Amt. of Yearly Premium	Is Policy Assigned?

No. 4 Other Stocks and Bonds.

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
25%	Natalie W. Homes	R. Curbelo Jr.	125000	150000		
25%	Natalie Homes	R. Curbelo Jr.		100000		
25%	Curbelo & Son	R. Curbelo Jr.	25125	250000		
40%	Nat. by the Lake	R. Curbelo Jr.	125000	670000		

No. 5. Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned.

except as follows:

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount
Residence			69,000	833/mo		170000		

No. 6 I buy goods principally from:

Name	Address	Name	Address

No. 7. Brokers Margin Accounts. List the names and addresses of the brokers and indicate the net amount due to each

No. 8. Insurance Coverage. Fire Insurance: Buildings \$ _____ Automobile(s), Household Effects, etc. \$ _____. Indicate if policies have extended coverage endorsement: _____; Liability Insurance: Automotive \$ _____, Personal \$ _____, General Public \$ _____. Other Insurance (describe): _____

Date of latest independent analysis of insurance: _____ Indicate adequacy of coverage: _____

The Undersigned certifies that each side hereof and the information inserted herein have been carefully read and is true and correct.

Date _____ Signed _____



Avel A. Gonzalez, P.A.
Certified Public Accountant

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 April 30, 1997, 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.


June 18, 1997

PERSONAL FINANCIAL STATEMENT

NAME Roberto Curbelo, Jr.
 NAME _____
 ADDRESS 14780 S.W. 57th Terrace CITY Miami STATE FL ZIP 33185
 TELEPHONE: HOME (305) 388-6468 OFFICE (305) 382-3534

I/We make the following statement of all my/our assets and liabilities as of the 30th day of April, 19 97, and give other material information for the purpose of obtaining credit with you on notes and bills bearing my/our signature, endorsement, or guarantee, and agree to notify you promptly of any change affecting my/our ability to pay. All assets, unless otherwise noted, are solely owned by me/us and, if owned jointly with another party, I/we hereby attach an Addendum to this statement listing those assets and with whom they are jointly owned.

(PLEASE ANSWER ALL QUESTIONS, USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS		LIABILITIES AND NET WORTH	
Cash (See Sched. No. 1) On hand, and unrestricted in banks,	10,000	Notes Payable to Banks, Unsecured Direct borrowings only. (See Sched. No. 1)	65,000
U.S. Government Securities (Guaranteed)		Notes Payable to Banks, Secured Direct borrowings only. (See Sched. No. 1)	
Government Agencies Securities		Notes Receivable, Discounted (See Sched. No. 1) With banks, finance companies, etc.	
Accounts and Loans Receivable (See Sched. No. 2)		Notes Payable to Others, Unsecured	
Notes Receivable (See Sched. No. 2)		Notes Payable to Others, Secured	
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)		Loans Against Life Insurance (See Sched. No. 3)	
Stock and Securities Other Than Guaranteed U.S. Gov't and Gov't Agencies (See Sched. No. 4)	4,133,000	Accounts Payable - Revolving	12,000
Real Estate Registered in own name (See Sched. No. 5)		Interest Payable	
Automobiles Registered in own name		Taxes and Assessments Payable (See Sched. No. 5)	
Other Assets (Itemize) Personal effects	50,000	Mortgage Payable on Real Estate (See Sched. No. 5)	140,000
		Brokers Margin Accounts (See Sched. No. 7)	
		Other Liabilities (Itemize)	
		TOTAL LIABILITIES	217,000
		NET WORTH (Assets minus Liabilities)	\$ 3,976,000
TOTAL ASSETS	\$ 4,193,000	TOTAL LIABILITIES and NET WORTH	\$ 4,193,000

SOURCE OF INCOME		PERSONAL INFORMATION	
Salary	\$ 24,000	Business or occupation	Date of Birth
Bonus and commissions	\$ 30,000	R.E. Developer	Social Security No.
Dividends Sub-S coporation	\$ 60,000	Partner or officer in any other venture	
Real Estate Income	\$		
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying your obligation(s).		Number of Dependents	Ages
Other Income-Itemize	\$	Marital Status	Do not answer if you are applying for, or are furnishing this statement in conjunction with, individual unsecured credit.
		Married Separated Unmarried (including single, divorced, and widowed)	
TOTAL	\$ 114,000	X	

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As endorser or co-maker	\$ 0	Are any assets pledged?	No
On leases or contracts	\$ 0	Are you defendant in any suits or legal actions?	No
Legal claims	\$ 0	Have you ever made a composition settlement? Explain:	No
Provision for Federal Income Taxes	\$ 0	Have you ever taken bankruptcy? Explain:	No
Other Special debt, including Alimony or Child Support	\$ 0	Who is executor of your estate?	

SUPPLEMENTARY SCHEDULES

No. 1. Banking Relations. (A list of all my bank accounts, including savings, and loans)

Name and Location of Bank	Cash Balance	Outstanding Loans	Maturity of Loan	How Endorsed, Guaranteed, or Secured
Ready State Bank	10,000	65,000	Line of credit	Unsecured

No. 2. Accounts, Loans and Notes Receivable. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owed	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected

No. 3. Life Insurance.

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

No. 4. Stocks and Securities Other Than Guaranteed U.S. Government Securities and Government Agencies.

Face Value (Bonds) No of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
25%	Curbelo & Sons			533,000		
50%	Natalie West Homes Inc.			450,000		
45%	Natalie by the Lakes			3,150,000		

No. 5. Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Date Purchased	Assessed Value	Present Market Value	Unpaid Taxes	
								Year	Amount
Residence			140,000	1,382/mo			170,000		

No. 6. Brokers Margin Accounts. List the names and addresses of the brokers and indicate the net amount due to each:

No. 7. Insurance Coverage. Fire Insurance: Buildings \$_____, Automobile(s), Household Effects, etc. \$_____;
 Indicate if policies have extended coverage endorsement _____; Liability Insurance: Automotive \$_____
 Personal \$_____, General Public \$_____; Other Insurance (describe): _____
 Date of latest independent analysis of insurance: _____; Indicate adequacy of coverage: _____

Under the penalty which may be prescribed by law for making a false statement herein, the undersigned represent to Capital Bank that the information contained in this statement is true and correct and agree to notify Capital Bank promptly of any changes in this statement. Further, the undersigned acknowledges that the information contained in this statement constitutes a material inducement to Capital Bank for the extension of credit to the undersigned and that Capital Bank is relying and will rely upon the statements contained herein in the granting of any loans or the extension of credit to the undersigned.

Signed _____

Date _____

Signed _____

Date _____



Avel A. Gonzalez, P.A.
Certified Public Accountant

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 August 31, 1997, 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.


September 5, 1997

PERSONAL FINANCIAL STATEMENT

NAME Roberto Curbelo, Jr.
 NAME _____
 ADDRESS 14780 S.W. 57th Terrace CITY Miami STATE FL ZIP 33185
 TELEPHONE: HOME (305) 388-6468 OFFICE (305) 382-3534

I/We make the following statement of all my/our assets and liabilities as of the 31st day of August, 19 97, and give other material information for the purpose of obtaining credit with you on notes and bills bearing my/our signature, endorsement, or guarantee, and agree to notify you promptly of any change affecting my/our ability to pay. All assets, unless otherwise noted, are solely owned by me/us and, if owned jointly with another party, I/we hereby attach an Addendum to this statement listing those assets and with whom they are jointly owned.

(PLEASE ANSWER ALL QUESTIONS, USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS		LIABILITIES AND NET WORTH	
Cash (See Sched. No. 1) On hand, and unrestricted in banks.	6,000	Notes Payable to Banks, Unsecured Direct borrowings only. (See Sched. No. 1)	100,000
U.S. Government Securities (Guaranteed)		Notes Payable to Banks, Secured Direct borrowings only. (See Sched. No. 1)	
Government Agencies Securities		Notes Receivable, Discounted (See Sched. No. 1) With banks, finance companies, etc.	
Accounts and Loans Receivable (See Sched. No. 2)		Notes Payable to Others, Unsecured	
Notes Receivable (See Sched. No. 3)		Notes Payable to Others, Secured	
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)		Loans Against Life Insurance (See Sched. No. 3)	
Stock and Securities Other Than Guaranteed U.S. Gov't and Gov't Agencies (See Sched. No. 4)	4,133,000	Accounts Payable	2,500
Real Estate Registered in own name (See Sched. No. 5)		Interest Payable	
Automobiles Registered in own name		Taxes and Assessments Payable (See Sched. No. 5)	
Other Assets (Itemize) <u>Personal Effects</u>	50,000	Mortgage Payable on Real Estate (See Sched. No. 5)	139,000
		Brokers Margin Accounts (See Sched. No. 7)	
		Other Liabilities (Itemize)	
		TOTAL LIABILITIES	241,500
		NET WORTH (Assets minus Liabilities)	\$ 3,947,500
TOTAL ASSETS	\$ 4,189,000	TOTAL LIABILITIES and NET WORTH	\$ 4,189,000

SOURCE OF INCOME		PERSONAL INFORMATION	
Salary	\$ 24,000	Business or occupation	Date of Birth:
Bonus and commissions	\$ 30,000	<u>R.E. Developer</u>	Social Security
Dividends <u>Sub-S Corporation</u>	\$ 60,000	Partner or officer in any other venture	
Real Estate Income			
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying your obligation(s).		Number of Dependents	Age:
Other Income-Itemize		Marital Status	Do not answer if you are applying for, or are furnishing this statement in conjunction with, individual unsecured credit.
		Married Separated Unmarried (including single, divorced, and widowed)	
TOTAL	\$ 114,000	<u>X</u>	

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As endorser or co-maker	\$ 0	Are any assets pledged?	No
On leases or contracts	\$ 0	Are you defendant in any suits or legal actions?	No
Legal claims	\$ 0	Have you ever made a composition settlement? Explain:	No
Provision for Federal Income Taxes	\$ 0	Have you ever taken bankruptcy? Explain:	No
Other Special debt, including Alimony or Child Support	\$ 0	Who is executor of your estate?	

SUPPLEMENTARY SCHEDULES

No. 1. Banking Relations. (A list of all my bank accounts, including savings, and loans)

Name and Location of Bank	Cash Balance	Outstanding Loans	Maturity of Loan	How Endorsed, Guaranteed, or Secured
<u>Ready State Bank</u>	<u>6,000</u>	<u>100,000</u>	<u>Line of credit</u>	<u>Unsecured</u>

No. 2. Accounts, Loans and Notes Receivable. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owed	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected

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Residence			139,000	1,382/mo			170,000		

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Indicate if policies have extended coverage endorsement _____; Liability Insurance: Automotive \$ _____.

Personal \$ _____, General Public \$ _____; Other Insurance (describe): _____

Date of latest independent analysis of insurance: _____; Indicate adequacy of coverage: _____

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Signed _____

Date _____

Signed _____

Date _____