

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

SIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) ANKARAF IMPORT EXPORT, CORP.	
	2 Trade name of business (if different from name on line 1) SAME	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 19630 NW CYPRESS COURT	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code MIAMI FL 33015	5b City, state, and ZIP code
	6 County and state where principal business is located DADE, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► ANA BOLENA DONADO	
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input checked="" type="checkbox"/> Other corporation (specify) ► S CORPORATION <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization (enter GEN if applicable)	
	8b If a corporation, name the state or foreign country (if applicable) where incorporated	State _____ Foreign country _____
	9 Reason for applying (Check only one box.) <input type="checkbox"/> Started new business (specify) ► _____ <input type="checkbox"/> Banking purpose (specify) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ► _____ <input checked="" type="checkbox"/> Other (specify) ► REINSTATEMENT	
	10 Date business started or acquired (Mo., day, year) (See instructions.) APPLIED FOR REINSTATEMENT	11 Closing month of accounting year (See instructions.) DECEMBER
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) Nonagricultural <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Household <input type="checkbox"/>		
14 Principal activity (See instructions.) ►		
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►		
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A		
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.		
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►		
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) 2/26/98 City and state where filed _____ Previous EIN _____		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete. PRESIDENT		
Name and title (Please type or print clearly.) ► ANA BOLENA DONADO		
Signature ► <i>Ana Bolena Donado</i> Date ► 2/26/98		
Note: Do not write below this line. For official use only.		
Please leave blank ►	Geo. _____ Ind. _____ Class _____ Size _____ Reason for applying _____	