

pg 2 of 3

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)
▶ Keep a copy for your records.

EIN
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
EMPAR CORPORATION

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
8521 N.W. 68 STREET

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
MIAMI, FLORIDA 33166

5b City, state, and ZIP code

6 County and state where principal business is located
MIAMI-DADE, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ▶
LUIS F CHASE 93-78-0488

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____

Partnership Personal service corp.

REMIC National Guard

State/local government Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ▶ **C CORPORATION**

Trust

Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA**

Foreign country **N/A**

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **EXPORT**

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Hired employees (Check the box and see line 12.)

Created a trust (specify type) ▶ _____

Created a pension plan (specify type) ▶ _____

Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
1/5/99

11 Closing month of accounting year (see instructions)
DECEMBER 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

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	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ **EXPORT**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ _____

Business (wholesale)

N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes 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.

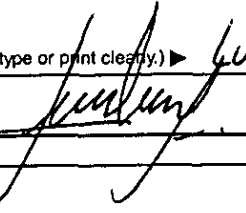
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

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.

Name and title (Please type or print clearly.) ▶ **LUIS F CHASE**

Business telephone number (include area code)
(305) 591-0241

Fax telephone number (include area code)
(305) 591-0236

Signature ▶ 

Date ▶ **07/03/00**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying



JULY 03, 2000

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE FL. 32314**

REFERENCE NUMBER: P98000064561

TO WHOM IT MAY CONCERN

ON REFERENCE TO YOUR LETTER DATED JUNE 6, 2000 REGARDING INCOMPLETE APPLICATION OF THE ANNUAL REPORT BECAUSE THE FEDERAL IDENTIFICACION NUMBER HAD BEEN FILED WITH APPLIED FOR.

WE HAVE MADE NUMEROUS ATTEMPTS TO ACQUIRE THE ID# OVER THE PHONE AND HAS BEEN CONSISTENTLY BUSY. I CALLED THE DIVISION OF CORPORATION FOR THE STATE OF FLORIDA AND SPOKE TO TYRON, AND HE SUGGESTED THAT WE WRITE A LETTER TO YOUR OFFICE AND ATTACH A COPY OF THE COMPLETED SS-4 FORM TO THE LETTER ALLOWING FOR AN EXTENSION OF TIME TO PROPERLY COMPLETE THE ANNUAL REPORT.

OUR GAME PLAN IS TO FAX THE COMPLETED SS-4 TO THE IRS AND WAIT THE APPROPRIATE TIME. THIS WILL ENABLE US TO COMPLY WITH THE REQUIREMENT.

IT IS FOR THESE REASONS STATED ABOVE THAT, I KINDLY REQUEST THAT YOU WAIVE THE \$ 400 LATE FEE AND UPON US RECEIVING THE FEDERAL ID#, WE WIL PROPERLY COMPLETE THE ANNUAL REPORT

IF YOU HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO GIVE ME A CALL AT (305)591-0241

SINCERILY

LUIS FERNANDO CHASE