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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: TSEMSA S. A. de C.N., INC.  (Name of corporation - must include suffix)
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
PAUL STEVENS  (Name of Person)  ISEMSA S.A. de C.N.  (Firm/Company)
(Name of Person)
ISEMSA S.A. de C.N.
(Firm/Company)
SUITE 1502, 6917 COLLINS AVE.  (Address)  MIAMI BEACH, PL 33141  (City/State and Zip code)
MIAMI REACH OF SZILL
(City/State and Zin code)
(Oldy blace and Est every)
For further information concerning this matter, please call:
PAUL STEVENS at (786) 210-9443 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. ISEMSA S.A. de C.N., INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 23 CCTO BER 2003

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp., will cease to exist or "perpetual") 6. NO BUSINESS TRANSACTEN (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. SUITE 1502, 6917 COULINS AVE., MIAMIREACH, FL 33141
(Principal office address) SUITE 1502, 6917 COLYNS DUE., MIAMI BEACH, FL 33141
(Current mailing address) 8. EQUIPMENT AND MATERIALS FOR COMMERCE IND SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PAUL STEVENS Name: Office Address: SVITE 480, 95 MERLIGK WAY

OFFICE Address: SVITE 480, 95 MERLIGK WAY

(City), Florida 33134

(Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRE	CTORS		÷		
Chairman:	PAUL STEVENS			<u> </u>	
Address:	10983 SW 72 TERPACE				
_	McAMI, FL 33173				
Vice Chair	man:				
11001000.					
Director:					
Address				· · · · · · · · · · · · · · · · · · ·	
TD:				·	
				· · · · · · · · · · · · · · · · · · ·	-
Address: _					
Address: _	PAUL STEVENS 10983 SW 72 TERPACE MIAVM, FL 33173				-
Address: _					
_		769	<b>-</b>		
Secretary:	PAUL STEVENS	T2= 20	<b>3</b>	Care you	
Address: _	10983 SW 72 TERRACE, MIAM, FZ 33173	25	E Z		=
	PAUL STEVENS	SEO 2	_		
Address:	10983 SW 72 TERRICE, MIAMI, FZ 33173		<u>ليا</u> <u>ليا</u>		
<b>NOTE:</b> I	f necessary, you may attach the addendum to the application listing additional officers	्रिली and/or dir	Ectors.		
	(Signature of Director or Officer listed in number 12 of the application)		•	<del></del>	
14	AUL STEVENS, PRESIDENT	·			
	(Typed or printed name and capacity of person signing application)				

## SWORN CERTIFICATE OF ACCURACY

The Undersigned, Beatriz Garrido, interpreter and translator in the city of Miami, Florida, fully versed in the Spanish and English languages, hereby declares under penalty of perjury that the foregoing document, *REGISTRATION IN THE FEDERAL TAXPAYERS REGISTRY*. is a true and correct translation of the Spanish source language document *INSCRIPCION EN EL R.F.C.*, into the English target language and that she has done so to the best of her ability, and that she has the ability to do so.

Signature:

Name: Beatriz Garrido

Interpreter and Translator

Subscribed and sworn to before me on the 21st day of January of the year 2005, in the County of Miami-Dade, City of Miami and State of Florida by Beatriz Garrido to me personally known or who provided Florida Driver's License as identification and who did

take an oath.

Signature:\_

OTARY PUBLIC

Print Name:

Tizabeth J. Usuiza.

My commission expires:



#### TRANSLATION FROM SPANISH INTO ENGLISH

SH **CP**  SAT

Tax Administration Service TAX IDENTIFICATION CARD

Federal Tax Registration Number

ISE031013JH3

Name of entity

ISEMSA S.A. de C.V.

Folio:

J 1316117

D.F.-23/10/2003-E 71txk0+m)n+

REGISTRATION IN THE FEDERAL TAXPAYERS REGISTRY

THE TAX ADMINISTRATION SERVICE NOTIFIES THE FEDERAL TAXPAYERS REGISTRY THAT IT HAS ASSIGNED, BASED ON THE DATA PROVIDED, WHICH HAVE BEEN REGISTRED AS FOLLOWS:

Name or Corporate Name:

ISEMSA SA DE CV

Domicile

**DETROIT 23 301 NOCHE BUENA INSURGENTES SUR** Y FLORIDA BENITO JUAREZ DISTRITO FEDERAL C.P. 03720

FEDERAL TAX IDENTIFICATION NUMBER: ISE031013JH3

Local Tax collection office: D.F. SOUTH

Activity: EQUIPMENT AND MATERIALS FOR COMMERCE AND SERVICES

Situation in the Registry:

ACTIVE

Registration Date: 2003/10/23

Date of Start of Operations: 2003/10/20

### **OBLIGATIONS:**

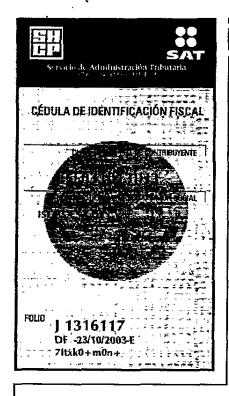
Key	Description		Start Date
A3	IMPAC subject to active to	2003/10/20 ·	
R19	RETENTION on delivery	2 <u>0</u> 03/10/ <b>2</b> 0	
S200	Mercantile society or other	2003/10/20	
V5	IVA acts or activities carri	2 <u>66</u> 3710/ <del>2</del> 0	
			SA D
ACTI	VITIES CARRIED OUT	DATE PRESENTED	FOLIO OF ACTION

Registration as corporation

2003/10/23

**MEXICO, D.F. ON THE 13 JANUARY 2005** TELEPHONE FOR CITIZEN ASSISTANCE (COMPLAINTS AND SUGGESTIONS) 01-800-728-2000 SOUTH D.F. LOCAL TAX COLLECTION **ADMINISTRATOR** 

Signature illegible LIC. FLORA MARIA **CASTILLO CONTRERAS** 



# NSCRIPCIÓN EN EL R.F. 🗧

EL SERVICIO DE ADMINISTRACIÓN TRIBUTARIA, LE DA A CONOCER EL REGISTRO FEDERAL DE CONTRIBUYENTES, QUE LE HA SIDO ASIGNADO CON BASE EN LOS DATOS QUE PROPORCIONÓ, LOS CUALES HAN QUEDADO REGISTRADOS CONFORME A LO SIGUIENTE:

NOMBRE, DENOMINACIÓN O RAZÓN SOCIAL

ISEMSA SA DE CV

DOMICILIO

DETROIT 23 301 NOCHE BUENA INSURGENTES SUR Y FLORIDA BENITO JUAREZ DISTRITO FEDERAL C.P. 03720

CLAVE DEL R.F.C.

ISE031013JH3

ADMINISTRACIÓN LOCAL RECAUDACIÓN

DEL SUR DEL D.F.

**EQUIPO Y MATS PARA EL COMERCIO Y SERVICIOS** 

SITUACIÓN DEL REGISTRO

**ACTIVO** 

FECHA DE INSCRIPCIÓN

2003/10/23

FECHA INICIO DE OPERACIONES

2003/10/20

#### **OBLIGACIONES**

CLAVE A3 R19 **S200 V**5

DESCRIPCIÓN

IMPAC Es sujeto del impuesto activo. RETENCIÓN Presentación de servicios profesionales. Sociedad mercantii u otra personal moral.

IVA Por los actos o actividades que realicen causa este impuesto

**FECHAALTA** 

2003/10/20 2003/10/20

2003/10/20

2003/10/20

TRAMITES EFECTUADOS

FECHA DE PRESENTACIÓN

INSCRIPCIÓN PERSONA MORAL

2003/10/23

ADMINISTRADOR LOCAL DE RECAUDACIÓN

DEL SUR DEL D.F.

PLORA MARIA CASTILLO CONTRERAS

MÉXICO, D.F. A 13 DE ENERO DE 2005 TELEFONO DE ATENCIÓN CIUDADANA (QUEJAS Y SUGERENCIAS) 01-800-728-2000

00011310835980