

F05000000560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

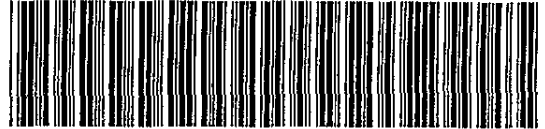
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Availability	
Document Examiner	
Updater	Office Use Only
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W. P. Verifier	DCC



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2005 JAN 24 P 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISEMSA S.A. de C.V., INC.
(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.V.
(Firm/Company)
SUITE 1502, 6917 COLLINS AVE.
(Address)
MIAMI BEACH, FL 33141
(City/State and Zip code)

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 32311

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2005 JAN 24 P 3:40
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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.

1. ISEMSA S.A. de C.V., 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. MEXICO (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. 23 OCTOBER 2003 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED (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 COLLINS AVE., MIAMI BEACH, FL 33141 (Principal office address)

SUITE 1502, 6917 COLLINS AVE., MIAMI BEACH, FL 33141 (Current mailing address)

8. EQUIPMENT AND MATERIALS FOR COMMERCE AND 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)

Name: PAUL STEVENS

Office Address: SUITE 480, 95 MERRIK WAY

CORAL GABLES, FL, Florida 33134 (City) (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.

(Registered agent's signature)

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:

FILED 2005 JAN 24 10:00 SECRETARY OF STATE TALLAHASSEE

A. DIRECTORS

Chairman: PAUL STEVENS

Address: 10983 SW 72 TERRACE
MIAMI, FL 33173

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PAUL STEVENS

Address: 10983 SW 72 TERRACE
MIAMI, FL 33173

Vice President: _____

Address: _____

Secretary: PAUL STEVENS

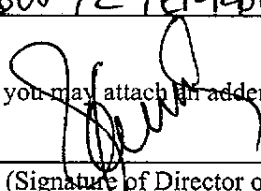
Address: 10983 SW 72 TERRACE, MIAMI, FL 33173

Treasurer: PAUL STEVENS

Address: 10983 SW 72 TERRACE, MIAMI, FL 33173

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2005 JAN 24 P 3 40
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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. PAUL 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: *Beatriz Garrido*

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: *Elizabeth J. Urquiza*
NOTARY PUBLIC

Print Name: Elizabeth J. Urquiza

My commission expires:



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2005 JAN 24 P 3:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

TRANSLATION FROM SPANISH INTO ENGLISH

SH	SAT
CP	
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 REGISTERED 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
A3	IMPAC subject to active taxes
R19	RETENTION on delivery of professional services
S200	Mercantile society or other corporate person
V5	IVA acts or activities carried out cause this tax

Start Date
2003/10/20
2003/10/20
2003/10/20
2003/10/20

FILED

ACTIVITIES CARRIED OUT DATE PRESENTED

Registration as corporation 2003/10/23

FOLIO OF ACTION

7521498

**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**

00011310835980

SE
EP

SAT
Servicio de Administración Tributaria

CÉDULA DE IDENTIFICACIÓN FISCAL

CONTRIBUYENTE



FOLIO **J 1316117**
DF **-23/10/2003-E**
71tsk0+m0n+

INSCRIPCIÓN EN EL R.F.C.

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.

ACTIVIDAD

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	DESCRIPCIÓN	FECHA ALTA
A3	IMPAC Es sujeto del impuesto activo.	2003/10/20
R19	RETENCIÓN Presentación de servicios profesionales.	2003/10/20
S200	Sociedad mercantil u otra personal moral.	2003/10/20
V5	IVA Por los actos o actividades que realicen causa este Impuesto	2003/10/20

TRAMITES EFECTUADOS

FECHA DE PRESENTACIÓN

FOLIO DEL TRAMITE

INSCRIPCIÓN PERSONA MORAL

2003/10/23

7521498

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

ADMINISTRADOR LOCAL DE RECAUDACIÓN
DEL SUR DEL D.F.

00011310835980

LIC. FLORA MARIA CASTILLO CONTRERAS

SECRETARÍA DE ECONOMÍA
FALLENHAY
2005 JAN 04 P 3:40
F 111-10