

**ZAMARRIPA SAGARNAGA HECTOR RICARDO**

ZASH650911QG6

CURP.: ZASH650911HCHMGC04

VALLE DEL DIMSADERO No. 2462 VALLE DEL SOL.

JUAREZ, 32616

JUAREZ, CHIHUAHUA, MEXICO

**FACTURA**

392

**FECHA**

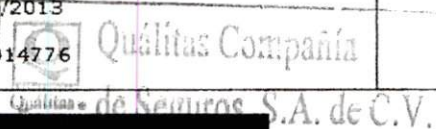
9/7/2013 12:24:11

**LUGAR EXPEDICION**

Cd. Juárez, Chih.

CLIENTE: PABLO DAVILA REYNA  
 DOMICILIO: ALEJANDRO RAMIREZ No. 9530, COL.: INFONAVIT JUAREZ NUEVO, C.P. 32583 TEL.  
 CIUDAD: JUAREZ, CHIHUAHUA, MEXICO O.Compra:  
 RFC: XAXX010101000

Cantidad	Unidad	Concepto / Descripción	Valor Unitario	Importe
1.00	PIEZA	VEHICULO USADO MARCA:HONDA LINEA:ACCORD AÑO:2008 CILINDROS:06 PUERTAS:02 TIPO:COUPE No. Pedimento:3989-3015245 Fecha de Pedimento:02/05/2013 Aduana:72 Serie No.:1HGCS22818A014776	53,927.00	53,927.00



Importe con letra

CINCUENTA Y NUEVE MIL OCHOCIENTOS CINCUENTA Y OCHO PESOS 97/100 M.N.

<b>SUBTOTAL:</b>	53,927.00
<b>L.V.A. 11.00%:</b>	5,931.97
<b>TOTAL:</b>	59,858.97

**CANCELADO**

Este documento es una representación impresa de un CFDI

\*Efectos fiscales al pago

\*Pago en una sola exhibición

Régimen: Régimen de las Personas Físicas con Actividad Empresarial y Profesional

Método de pago: EFECTIVO

Número de cuenta:

Serie del Certificado del emisor:	00001000000300325222
Folio fiscal:	6CE44E5F-5989-4846-ACD3-7B94DCF0A4C5
No de Serie del Certificado del SAT:	00001000000202864883
Fecha y hora de certificación:	Julio 9 2013 - 13:24:18

Sello digital del CFDI

1p100x5qM4HHsfb31bh7FInJoI6zUoXVoLK+6LgCsh/IP5amjPwKn15gUb+3YRLNsCem2PkyDt48LVEg10zq2sFr8ihFciR4NqVlyFt8hdJfWuKghcBnxq7IUoqFaAL4j2OVTJ8c2wKKAkuPvNvBfjIwBcTqIbo4fgnQOAbnyo=

Sello del SAT

ogq2jBRgqxPTIrTUAeDZEn+StYZ74dMqw5KKIqCig3cvb889tTBHdxoFYpQmEcU532fi+PwBePihN000B8kMRBuLmoApRK23/j0E25ihILqaUmlwvOVftlgjxHAdsbr+vP0knX9YAR1XAjR9Xn8XZbqMZc2zsXh95a/dR9qZQ0=

Cadena original del complemento de certificación digital del SAT

||1.0|6CE44E5F-5989-4846-ACD3-7B94DCF0A4C5|2013-07-09T13:24:18|1p100x5qM4HHsfb31bh7FInJoI6zUoXVoLK+6LgCsh/IP5amjPwKn15gUb+3YRLNsCem2PkyDt48LVEg10zq2sFr8ihFciR4NqVlyFt8hdJfWuKghcBnxq7IUoqFaAL4j2OVTJ8c2wKKAkuPvNvBfjIwBcTqIbo4fgnQOAbnyo=|00001000000202864883||

24/Jul/2014  
Yo Pablo Dávila Reyna cedo todos los derechos del  
automóvil a Nathalie Holanda Mares Nieto

net H.

24/Jul/2014

Yo Pablo Dávila Reyna cedo todos los derechos del  
automóvil a Nathalie Holanda Mares Nieto



Atte. Pablo Dávila Reyna





New York State Department of Motor Vehicles  
**SALVAGE CERTIFICATE**  
 For a 1973 or Newer Motor Vehicle

08 HOND ACCORD EX - WHITE



024

13749173 S 13 - 5105011

E 40379 S

OTHER JURISDICTIONS: Do not accept this certificate as proof of ownership for registration or titling purposes unless the vehicle and its major component parts meet your requirements concerning the bearer's right to possess them.

THIS DOCUMENT IS VOID IF ALTERED OR ERASED (Please type or print entries with ballpoint pen.)

1. VEHICLE DESCRIPTION • ENTER VEHICLE IDENTIFICATION NUMBER EXACTLY AS IT APPEARS ON PROOF OF OWNERSHIP

VEHICLE IDENTIFICATION NUMBER (Please start at leftmost space)				YEAR	MAKE	MODEL
1H4G1C1S121281181A1C114171716				2008	Honda	ACC
FUEL	CYLINDERS	MAX GROSS WEIGHT	STATE	PRIOR TITLE DOCUMENT NUMBER	BODY TYPE	COLOR
Gas	6	3454	NY	657545X	2DSD	WH

2. VEHICLE CONDITION • THIS MUST ALWAYS BE COMPLETED - CHECK ALL BOXES THAT APPLY

<input type="checkbox"/> Vehicle identification plate missing, altered or defaced	<input type="checkbox"/> Major component part or parts missing or damaged:	<input type="checkbox"/> Air Bag missing or Damaged:	<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger
<input type="checkbox"/> Flood damage	<input type="checkbox"/> Engine	<input type="checkbox"/> Driver side impact	<input type="checkbox"/> Driver side impact	<input type="checkbox"/> Passenger side impact
<input type="checkbox"/> Rear Clip	<input type="checkbox"/> Transmission	<input type="checkbox"/> Driver side curtain	<input type="checkbox"/> Driver side curtain	<input type="checkbox"/> Passenger side curtain
<input type="checkbox"/> Cowl	<input type="checkbox"/> Frame	<input type="checkbox"/> Other Specify	<input type="checkbox"/> Other Specify	
<input type="checkbox"/> Nose	<input type="checkbox"/> Front Cut Off			
<input type="checkbox"/> Other Specify	<input type="checkbox"/> None			

3. VEHICLE ACQUISITION

SALVAGE VEHICLE ACQUIRED BY:		DATE OF ACQUISITION (Month/Day/Year)	
NAME (Use Corporate Name If Applicable)		21/14/13	
ADDRESS (Number and Street)		DMV BUSINESS REGISTRATION, CERTIFICATE, OR ID NUMBER	
Progressive Casualty Insurance Co.		7103393	
CITY	STATE	INSURANCE CO. CODE	
P.O. Box 94742	OH	413	
TELEPHONE NUMBER	ZIP CODE	STOCK NUMBER OR INSURANCE NUMBER	
Cleveland, OH 44101	44101	135105011	
FORMER OWNER OF VEHICLE:			
NAME			
Papastefanou P.K.			
ADDRESS (Number (including Apt. No.) and Street)		CITY	STATE
		Montgomery	NY
PREVIOUS PROOF OF OWNERSHIP:		ZIP CODE	
		12549	
<input type="checkbox"/> NYS CERTIFICATE OF TITLE - DOC. NO.	<input type="checkbox"/> OUT-OF-STATE TITLE - DOC. NO.		
<input type="checkbox"/> NYS SALVAGE CERTIFICATE - CERT. NO.	<input type="checkbox"/> OUT-OF-STATE SALVAGE CERTIFICATE - CERTIFICATE NO.		
INSURANCE COMPANY USE ONLY			
CHECK ONE BOX ONLY: <input type="checkbox"/> STOLEN - NOT RECOVERED <input type="checkbox"/> RECOVERED STOLEN - INTACT <input type="checkbox"/> RECOVERED STOLEN - STRIPPED <input checked="" type="checkbox"/> TOTAL LOSS			
INCLUDE EITHER AN APPRAISAL OR TWO PHOTOS OF VEHICLE FROM DIFFERENT ANGLES WITH DMV COPY (COPY 2) UNLESS VEHICLE IS STOLEN - NOT RECOVERED			

4. LIEN INFORMATION - List all liens for which a lien satisfaction has not been received. If liens are subsequently satisfied, send form MV-901, Notice of Recorded Lien, to person to whom the vehicle was transferred.

NAME OF LIENHOLDER	NAME OF LIENHOLDER
ADDRESS (Number and Street)	ADDRESS (Number and Street)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

5. VEHICLE DISPOSITION/ODOMETER DISCLOSURE REQUIREMENTS - Federal and state law requires that you state the mileage upon transfer of ownership. Failure to do so, or not telling the truth about mileage, may result in fines and/or imprisonment. This form will be returned to you if this section is not completed.

CHECK ONE BOX: <input type="checkbox"/> TRANSFERRED TO (COMPLETE ALL INFORMATION BELOW & SIGN WHERE INDICATED)		
<input type="checkbox"/> TRANSFERRED TO BE DISMANTLED FOR PARTS (SEE INSTRUCTIONS ON THE BACK)		
<input type="checkbox"/> TRANSFERRED TO BE SCRAPPED OR DESTROYED (SEE INSTRUCTIONS ON THE BACK)		
NAME OF PURCHASER (Use Corp. Address if Applicable)	PURCHASER'S DMV BUSINESS REG. CERT., OR ID NO. IF APPLICABLE	DATE OF TRANSFER
Renacimiento La Cueva		
ADDRESS OF PURCHASER (Street, City, State, Zip Code)		
EJE Juan Gabriel s/n S. Del Nor Cd. Juarez Ch Mexico		
ODOMETER DISCLOSURE STATEMENT:		MILES (No Tenths)
I, the seller, certify that to the best of my knowledge, this vehicle's odometer reads as follows and (check the box which applies):		181131214
<input checked="" type="checkbox"/> Reflects the Actual Mileage <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Does Not Show the Actual Mileage - Warning of Odometer Discrepancy		
PRINT NAME OF PURCHASER	PRINT NAME OF SELLER	
	Signature of Seller	
SIGNATURE OF PURCHASER	SIGNATURE OF SELLER (Not to be signed until transfer of vehicle information completed)	
	Signature of Buyer	
MUNICIPALITIES ONLY: If required by Section 1224(3b) of the Vehicle and Traffic Law, I certify that I have notified the prior owner and lienholder(s) listed above:		
\$	(Signature of Authorized Individual)	
(Value of Vehicle)		

6. CERTIFICATION • THIS MUST ALWAYS BE COMPLETED

As the acquirer of this vehicle, I certify that all the information I have provided on this form is true and accurate to the best of my belief. (False statements are punishable under Section 210.45 of the Penal Law.)			
Montana Alvarez	SP	3-20-13	
(Print name of officer of corporation or authorized individual)	(Signature of officer of corporation or authorized individual)	(Title of officer or individual)	(Date of Certification)

7. INITIAL VEHICLE ACQUISITION - Complete Form MV-907A, Salvage Certificate. Mail the DMV copy with proof of ownership to Department of Motor Vehicles, Auto Theft and Salvage Unit, P.O. Box 2105-ESP, Albany, New York 12220-0105. The DMV copy must be mailed within 15 days of vehicle acquisition even if vehicle disposition (Section 5) is unknown. Do not hold the DMV copy until you dispose of the vehicle. When selling the vehicle, the transfer document is given to the purchaser.

NOTE TO PURCHASER:

- To transfer ownership of this salvage vehicle, complete a new Form MV-907A, Salvage Certificate. Attach the transfer copy (copy 1) to the previous transfer copy(ies) you received and give all copies to the new purchaser. Be sure there are no missing transfer copies and that continuity of ownership is maintained. Keep the file copy and DMV copy for your records.
- To title the salvage vehicle, apply for a NYS DMV salvage examination (we cannot accept an out-of-state salvage examination) to: Department of Motor Vehicles, DFI, Auto Theft and Salvage, 6 Empire State Plaza, Albany, New York 12228. You will be contacted regarding the time and place of examination. You must send the following completed original documents (not copies) and fees.
  - All original MV-907A Salvage Certificate Transfer Documents, proving ownership of the vehicle;
  - Form MV-50, Certificate of Sale, if applicable;
  - Form MV-899, Application for Salvage Vehicle Examination;
  - Form MV-82TON, Application for Title;
  - A check for \$200 (\$150 examination fee plus \$50 title fee) payable to the Commissioner of Motor Vehicles (we cannot accept starter checks or third-party checks);
  - Proof of payment of sales tax (FS-6T).
- To register the salvage vehicle after DMV examination, bring its title to a DMV office and follow the usual registration procedure.

**SCRAPPED OR DESTROYED**

◆ **Acquirer of Vehicle** - If you checked "scrapped or destroyed," you must destroy (crush or flatten) the vehicle totally. **Neither the vehicle, any of its major component parts, nor its vehicle identification number plate may ever appear again as a vehicle or as part of a vehicle.** Complete the front of this 3-part form. Send the DMV copy to the Department of Motor Vehicles, Auto Theft and Salvage Unit, PO Box 2105-ESP, Albany NY 12220-0105. Keep the file copy and the transfer document for your records. If you sell a crushed vehicle to a scrap processor, note the information about the transaction in the space provided below.

◆ **Purchaser of Vehicle** - If you purchase a vehicle from the initial acquirer to scrap or destroy it, and you receive a transfer document, keep the document for your record. **Neither the vehicle, any of its major component parts, nor its vehicle identification number plate may ever appear again as a vehicle or as part of a vehicle.** If you sell a crushed vehicle to a scrap processor, note the information about the transaction in the space provided below.

**DISMANTLED FOR PARTS**

◆ **Acquirer of Vehicle** - If you are the initial acquirer of the vehicle that you will dismantle, complete the front of this 3-part form. Send the DMV copy to the Department of Motor Vehicles, Auto Theft and Salvage Unit, PO Box 2105-ESP, Albany NY 12220-0105. Keep the file copy and the transfer document for your records.

When you dismantle the vehicle completely, you must destroy the vehicle identification number plate. Note below the removal and sale of major component parts, and the transfer of unsold parts to a scrap processor.

◆ **Purchaser of Vehicle** - If you purchase a vehicle from the initial acquirer and are given a transfer document, use the document as your record. Note below the removal and sale of major component parts, and the transfer of unsold parts to a scrap processor.

If the vehicle is 10 or more model years old, the following does not have to be filled out.

DRIVER AIR BAG				
SERIAL NUMBER	DATE REMOVED	INVENTORY NUMBER	DATE SOLD	INVOICE NUMBER
PURCHASER'S NAME		NO. & STREET	CITY	STATE ZIP CODE

PASSENGER AIR BAG				
SERIAL NUMBER	DATE REMOVED	INVENTORY NUMBER	DATE SOLD	INVOICE NUMBER
PURCHASER'S NAME		NO. & STREET	CITY	STATE ZIP CODE

OTHER AIR BAG <input type="checkbox"/> Driver side impact <input type="checkbox"/> Passenger side impact <input type="checkbox"/> Driver side curtain <input type="checkbox"/> Passenger side curtain <input type="checkbox"/> Other Specify				
SERIAL NUMBER	DATE REMOVED	INVENTORY NUMBER	DATE SOLD	INVOICE NUMBER
PURCHASER'S NAME		NO. & STREET	CITY	STATE ZIP CODE

ENGINE				
SERIAL NUMBER	DATE REMOVED	INVENTORY NUMBER	DATE SOLD	INVOICE NUMBER
PURCHASER'S NAME		NO. & STREET	CITY	STATE ZIP CODE

TRANSMISSION				
SERIAL NUMBER	DATE REMOVED	INVENTORY NUMBER	DATE SOLD	INVOICE NUMBER
PURCHASER'S NAME		NO. & STREET	CITY	STATE ZIP CODE

BODY/REAR CLIP/COWL				
SERIAL NUMBER	DATE REMOVED	INVENTORY NUMBER	DATE SOLD	INVOICE NUMBER
PURCHASER'S NAME		NO. & STREET	CITY	STATE ZIP CODE

FRAME				
SERIAL NUMBER	DATE REMOVED	INVENTORY NUMBER	DATE SOLD	INVOICE NUMBER
PURCHASER'S NAME		NO. & STREET	CITY	STATE ZIP CODE

NOSE/FRONT CUT OFF				
SERIAL NUMBER	DATE REMOVED	INVENTORY NUMBER	DATE SOLD	INVOICE NUMBER
PURCHASER'S NAME		NO. & STREET	CITY	STATE ZIP CODE

NAME OF SCRAP PROCESSOR TO WHOM UNSOLD MAJOR COMPONENT PARTS OR CRUSHED VEHICLES ARE TRANSFERRED			DATE OF SALE	
STREET			INVOICE NUMBER	
CITY			STATE	ZIP CODE

MAJOR COMPONENT PARTS OF VEHICLE <b>NOT</b> TRANSFERRED TO SCRAP PROCESSOR AND STILL IN STOCK				
---	--	--	--	--



PEDIMENTO

REF:

3010836

ERIKA 02/05/2013 18:11

Página 1 de 1

NUM. PEDIMENTO: 130739893010836		T. OPER IMP CVE. PEDIMENTO: VF		REGIMEN: IMD		CERTIFICACIONES													
DESTINO/ORIGEN: 7		TIPO CAMBIO: 12.13260		PESO BRUTO: 2020.000		ADUANA E/S: 072													
MEDIOS DE TRANSPORTE		ARRIBO: 7		SALIDA: 7		VALOR DOLARES: 4,350.00		VALOR ADUANA: 52,777											
ENTRADA/SALIDA: 7		PRECIO PAGADO/VALOR COMERCIAL: 52,777				PRECIO PAGADO/VALOR COMERCIAL: 52,777													
DATOS DEL IMPORTADOR / EXPORTADOR																			
RFC: ZASH650911QG6		NOMBRE, DENOMINACION O RAZON SOCIAL: HECTOR RICARDO ZAMARRIPA SAGARNAGA																	
CURP:																			
DOMICILIO: CALLE VALLE DEL DIVISADERO COL VALLE DEL SOL No. Ext. 2462 JUAREZ C.P. 32606 CHIHUAHUA MEXICO (ESTADOS UNIDOS MEXICANOS)																			
VAL. SEGUROS 0		SEGUROS 0		FLETES 0		EMBALAJES 0		OTROS INCREMENTABLES 0											
ACUSE ELECTRONICO DE VALIDACION: 9Z6X75BK		CLAVE DE LA SECCION ADUANERA DE DESPACHO: 072		SAN JERONIMO-SANTA TERESA, CIUDAD JUAREZ, CHIHUAHUA.															
Ped. 3010836																			
MARCAS, NUMEROS Y TOTAL DE BULTOS: 1																			
FECHAS		TASAS A NIVEL PEDIMENTO																	
ENTRADA PAGO		02/05/2013		CONTRIB. 1 DTA 15 PRV		CVE. T. TASA 7 2		TASA 8.000 210.000											
CUADRO DE LIQUIDACION																			
CONCEPTO		F.P.		IMPORTE		CONCEPTO		F.P.		IMPORTE		TOTALES							
DTA		0		422		PRV		0		244		EFECTIVO 7,104							
IVA		0		5910		IGI/IGE		0		528		OTROS 0							
												TOTAL 7,104							
DATOS DEL PROVEEDOR O COMPRADOR																			
NUMERO DEL COVE		VINCULACION				INCOTERM													
COVE1304VEUZZ		NO				FCA													
CLAVE/COMPL. IDENTIFICADOR		COMPLEMENTO 1		COMPLEMENTO 2		COMPLEMENTO 3													
VF		3																	
ED		017113007K3J3																	
ED		04361300EBP02																	
ED		016813003ZTE8																	
ED		044113000XEX7																	
ED		01921300LMDT8																	
ED		042313001SDP3																	
ED		017113007K3R1																	
PARTIDAS																			
FRACCION		SUBD.		VINC.		MET VAL		UMC		CANTIDAD UMC		UMT		CANTIDAD UMT		P. V/C		P. O/D	
DESCRIPCION		VAL ADU/USD		IMP. PRECIO PAG.		PRECIO UNIT.		VAL. AGREG.		CON.		TASA		T.T.		F.P.		IMPORTE	
MARCA		MODELO		CODIGO PRODUCTO															
001		87032402		0		1		6		1.000		6		1.000		USA		USA	
VEHICULO USADO		52777		52777		52777.00000				IGI		1.00000		1		0		528	
HONDA		ACCORD								IVA		11.00000		1		0		5910	
NIV/NUM. SERIE		KILOMETRAJE		NIV/NUM. SERIE		KILOMETRAJE													
1HGCS22818A014776		0																	
CLAVE NM		NUM. PERMISO O NOM		FIRMA DESCARGO		VAL. COM. DLS		CANTIDAD UMT/C											
NM		NOM-041-SEMARNAT-2006		D01106405		0.00		0.000											
IDENTIF. MV		COMPLEMENTO 1		COMPLEMENTO 2		COMPLEMENTO 3													
EX		2008		117															
ES		28		001															
		U																	

\*\*\*\*\* FIN DE PEDIMENTO \*\*\*\*\* NUM. TOTAL DE PARTIDAS: 1 \*\*\*\*\* CLAVE PREVALIDADOR: 011 \*\*\*\*\*

Serie: 1HGCS22818A014776

AGENTE ADUANAL, APODERADO ADUANAL O DE ALMACEN		DECLARO BAJO PROTESTA DE DECIR VERDAD, EN LOS TERMINOS DE	
NOMBRE O RAZ. SOC.: JOAQUIN ALBERTO MORA FLORES		LO DISPUESTO POR EL ARTICULO 81 DE LA	
RFC: MOFJ570227NEA		LEY ADUANERA: PATENTE O AUTORIZACION: 3989	
RFC: WAA021220796			
CURP: MOFJ570227HCHRLQ19			
NUMERO DE SERIE DEL CERTIFICADO		00001000000102627714	
FIRMA ELECTRONICA AVANZADA		VosDME7j/69yk1PS/81ovDgKL59iPkCl0i0E7E9RRA+qjbjRzyQbLpuHyogHj5pEuaqXU+Ov+81ARbFK3DsT6GStiLSdDXvzbF99xm5omgo1pMk1JsgUkRpVu0x1YtdUN55uJkP46Au	
cEN2wYdICPrSgpDBaHcZCvMvPjKuW=			

El pago de las contribuciones puede realizarse mediante el servicio de "Pago Electrónico Centralizado Aduanero" (PECA), conforme a lo establecido en la Regla 1.6.2. con la posibilidad de que la cuenta bancaria de la persona que contrate los servicios sea afectada directamente por el Banco. El agente o apoderado aduanal que utilice el servicio de PECA, deberá imprimir la certificación bancaria en el campo correspondiente del pedimento o en el documento oficial, conforme al Apéndice 20 "Certificación de Pago Electrónico Centralizado" del Anexo 22. El importador/Exportador podrá solicitar la certificación de la información contenida en este pedimento en: Administración General de Aduanas, Administración de Operación Aduanera "77" Av. Hidalgo Núm. 77, Módulo IV, P.B., Col. Guerrero, C.P. 06300, México, D.F.

SEGUNDA COPIA: IMPORTADOR DESTINO/ORIGEN: FRANJA FRONTERIZA NORTE.




NUM. PEDIMENTO: 13 07 3989 3015245 T. OPER IMP CVE. PEDIMENTO: R1 REGIMEN: IMD CERTIFICACIONES

DESTINO/ORIGEN: 7 TIPO CAMBIO: 12.13260 PESO BRUTO: 2020.000 ADUANA E/S: 072  
 MEDIOS DE TRANSPORTE VALOR DOLARES: 4,350.00  
 ENTRADA/SALIDA: ARRIBO: SALIDA: VALOR ADUANA: 52,777  
 7 7 7 PRECIO PAGADO/VALOR COMERCIAL: 52,777

\*\*\*PAGO ELECTRONICO\*\*\*  
 BBVA BANCOMER  
 3989 3015245  
 OP: 0316301282  
 12/06/2013  
 ACUSE: CHDCJ8A7CF  
 IMPORTE TOTAL: \$241.00

DATOS DEL IMPORTADOR / EXPORTADOR  
 RFC: ZASH650911QG6 NOMBRE, DENOMINACION O RAZON SOCIAL:  
 CURP: HECTOR RICARDO ZAMARRIPA SAGARNAGA  
 DOMICILIO: CALLE VALLE DEL DIVISADERO COL VALLE DEL SOL No. Ext. 2462 JUAREZ C.P. 32606 CHIHUAHUA  
 MEXICO (ESTADOS UNIDOS MEXICANOS)

VAL. SEGUROS SEGUROS FLETES EMBALAJES OTROS INCREMENTABLES  
 0 0 0 0 0

ACUSE ELECTRONICO DE VALIDACION: 9Z1X7SBP  
  
 CLAVE DE LA SECCION ADUANERA DE DESPACHO: 072  
 SAN JERONIMO-SANTA TERESA, CIUDAD JUAREZ, CHIHUAHUA.

MARCAS, NUMEROS Y TOTAL DE BULTOS: 1

FECHAS		TASAS A NIVEL PEDIMENTO		
ENTRADA	02/05/2013	CONTRIB. 1 DTA	CVE. T. TASA 7	TASA 8.000
PAGO	02/05/2013	15 PRV	2	210.000

CUADRO DE LIQUIDACION						TOTALES	
CONCEPTO	F.P.	IMPORTE	CONCEPTO	F.P.	IMPORTE	EFFECTIVO	7,104
DTA	0	422	PRV	0	244	OTROS	0
IVA	0	5910	IGI/IGE	0	528	TOTAL	7,104

RECTIFICACION  
 PEDIMENTO ORIGINAL: 13 07 3989 3010836 CVE PEDIM. ORIGINAL: VF CVE PEDIM. RECT: VF \*\*\* FECHA PAGO RECT: 12/06/2013

DIFERENCIAS DE CONTRIBUCIONES A NIVEL PEDIMENTO						DIFERENCIAS TOTALES	
CONCEPTO	F.P.	DIFERENCIA	CONCEPTO	F.P.	DIFERENCIA	EFFECTIVO	241
DTA RECT.	0	241				OTROS	0
						DIF. TOTALES	241

NUMERO DEL COVE		VINCULACION		INCOTERM	
COVE1304VEUZ7		NO		FCA	
CLAVE/COMPL. IDENTIFICADOR	VF	COMPLEMENTO 1	COMPLEMENTO 2	COMPLEMENTO 3	
	ED	3			
	ED	017113007K3J3			
	ED	04361300EBP02			
	ED	016813003ZTE8			
	ED	044113000XEX7			
	ED	01921300LMDT8			
	ED	042313001SDP3			
	ED	017113007K3R1			

PARTIDAS															
SEC	FRACCION	SUBD.	VINC.	MET VAL	UMC	CANTIDAD UMC	UMT	CANTIDAD UMT	P. V/C	P. O/D	CON.	TASA	T.T.	F.P.	IMPORTE
001	87032402		0	1	6	1.000	6	1.000	USA	USA	IGI	1.00000	1	0	528
	VEHICULO USADO										IVA	11.00000	1	0	5910
	52777					52777		52777.00000							

AGENTE ADUANAL, APODERADO ADUANAL O DE ALMACEN  
 NOMBRE O RAZ. SOC.: JOAQUIN ALBERTO MORA FLORES  
 RFC: MOFJ570227NEA RFC: WAA021220796 CURP: MOFJ570227HCHRLQ19  
 DECLARO BAJO PROTESTA DE DECIR VERDAD, EN LOS TERMINOS DE LO DISPUESTO POR EL ARTICULO 81 DE LA LEY ADUANERA: PATENTE O AUTORIZACION: 3989

NUMERO DE SERIE DEL CERTIFICADO 0000100000102627714  
 FIRMA ELECTRONICA AVANZADA sHZGQcnpS91V6cPuq/XjD1m01GTjQ1YAxYKgdDmmsvnrNwUrsq1rvtVi4Xgnat58bzWbQsbRkK+guN4X/xPYz8Qad2GL9FmEggy6pA1bQnu/kX3zXGsfEMXvF17y+mVM+2tc2Ht/bYhs3Wu8FDMtgDp0PHMQcspKcutyq=

El pago de las contribuciones puede realizarse mediante el servicio de "Pago Electrónico Centralizado Aduanero" (PECA), conforme a lo establecido en la Regla 1.6.2., con la posibilidad de que la cuenta bancaria de la persona que contrate los servicios sea afectada directamente por el Banco. El agente o apoderado aduanal que utilice el servicio de PECA, deberá imprimir la certificación bancaria en el campo correspondiente del pedimento o en el documento oficial, conforme al Apéndice 20 "Certificación de Pago Electrónico Centralizado" del Anexo 22. El Importador/Exportador podrá solicitar la validación de la información registrada en este pedimento en: Administración General de Aduanas, Administración de Operación Aduanera 77, Av. Hidalgo Num. 77, Módulo IV, P. 4, Col. Guerrero, C.P. 06000, México, D.F.



NUM. PEDIMENTO: 15 07 3989 3015245 TIPO OPER: IMP CVE. PEDIM: R1 RFC: ZASH650911QG6

HONDA		ACCORD			
NIV/NUM. SERIE		KILOMETRAJE		NIV/NUM. SERIE	
1HGCS22818A014776		0			
CLAVE NM	NUM. PERMISO O NOM NOM-041-SEMARNAT-2006	FIRMA DESCARGO D01106405	VAL. COM. DLS 0.00	CANTIDAD UMT/C 0.000	
IDENTIF.	COMPLEMENTO 1	COMPLEMENTO 2	COMPLEMENTO 3		
MV	2008	117			
EX	28	001			
ES	U				

\*\*\*\*\* FIN DE PEDIMENTO \*\*\*\*\* NUM. TOTAL DE PARTIDAS: 1 \*\*\*\*\* CLAVE PREVALIDADOR: 011 \*\*\*\*\*

Serie: 1HGCS22818A014776

AGENTE ADUANAL, APODERADO ADUANAL O DE ALMACEN NOMBRE O RAZ. SOC.: JOAQUIN ALBERTO MORA FLORES RFC: MOFJ570227NEA RFC: WAA021220796 CURP: MOFJ570227HCHRLQ19	DECLARO BAJO PROTESTA DE DECIR VERDAD, EN LOS TERMINOS DE LO DISPUESTO POR EL ARTICULO 81 DE LA LEY ADUANERA: PATENTE O AUTORIZACION: 3989
NUMERO DE SERIE DEL CERTIFICADO 00001000000102627714	
FIRMA ELECTRONICA AVANZADA sHZGQcnapS94V6cPuq/XjD1mo1GTjQ1YAxxyKgdDmmsvnrNwWQrsoq1rrvtV14Xgnat58bzWEQebRkK+guN4X/xPYz8Qad2GL9PmEMgy6pA1bQnu/kX3sXGzfeMXvP17y+mVM+2tc2Ht/byhs3Wu8FDMtgDp0PEMQcsbPkutyg=	