

**FORMULARIO SC**

**No.** 20 0043546

|    |                                                       |  |  |  |  |   |  |  |  |  |                |                     |  |   |   |    |                                                 |                     |   |   |            |                 |                   |   |   |   |    |                                 |                           |   |       |          |   |   |   |   |   |  |   |   |       |   |   |   |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
|----|-------------------------------------------------------|--|--|--|--|---|--|--|--|--|----------------|---------------------|--|---|---|----|-------------------------------------------------|---------------------|---|---|------------|-----------------|-------------------|---|---|---|----|---------------------------------|---------------------------|---|-------|----------|---|---|---|---|---|--|---|---|-------|---|---|---|---|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|
| 01 | RAZON O DENOMINACION SOCIAL                           |  |  |  |  |   |  |  |  |  | 02             | RUC                 |  | 0 | 9 | 9  | 2                                               | 2                   | 3 | 6 | 1          | 1               | 6                 | 0 | 0 | 1 | 03 | EXPEDIENTE                      |                           | 1 | 0     | 7        | 2 | 2 | 2 | 0 | 2 |  |   |   |       |   |   |   |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
|    | CORPORACION ECUATORIANA DE MINAS. CORECMIN S.A.       |  |  |  |  |   |  |  |  |  |                |                     |  |   |   |    |                                                 |                     |   |   |            |                 |                   |   |   |   |    |                                 |                           |   |       |          |   |   |   |   |   |  |   |   |       |   |   |   |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
| 04 | PROVINCIA<br>GUAYAS                                   |  |  |  |  |   |  |  |  |  | 05             | CANTON<br>GUAYAQUIL |  |   |   |    | 06                                              | CIUDAD<br>GUAYAQUIL |   |   |            |                 |                   |   |   |   |    | 07                              | PARROQUIA<br>9 DE OCTUBRE |   |       |          |   |   |   |   |   |  |   |   |       |   |   |   |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
| 08 | CALLE<br>AV. 9 DE OCTUBRE                             |  |  |  |  |   |  |  |  |  |                |                     |  |   |   | 09 | NUMERO<br>1911                                  |                     |   |   |            | 10              | TELEFONO:<br>FAX: |   |   |   |    |                                 |                           | 2 | 4     | 5        | 5 | 2 | 1 | 9 |   |  | 2 | 4 | 5     | 5 | 2 | 1 | 9 |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
| 11 | INTERSECCION<br>los RIOS Y ESMERALDAS                 |  |  |  |  |   |  |  |  |  |                |                     |  |   |   | 12 | EDIFICIO C. COMERCIAL<br>FINANSUR               |                     |   |   |            |                 |                   |   |   |   | 13 | PISO, DEPTO, OFICINA<br>11 - 02 |                           |   |       |          |   |   |   |   |   |  |   |   |       |   |   |   |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
| 14 | ACTIVIDAD ECONOMICA PRINCIPAL<br>ESCTRACCION DE ORO   |  |  |  |  |   |  |  |  |  |                |                     |  |   |   | 15 | COD. ACTIV.<br>2   3   0   2   2                |                     |   |   |            | 16              | EMAIL<br>-----    |   |   |   |    |                                 |                           |   |       |          |   |   |   |   |   |  |   |   |       |   |   |   |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
| 17 | REPRESENTANTE LEGAL<br>DRA. EMILIA LOOR O. DE ANDRADE |  |  |  |  |   |  |  |  |  |                |                     |  |   |   | 18 | CEDULA<br>0   9   0   5   9   3   7   4   6   2 |                     |   |   |            |                 |                   |   |   |   | 19 | CARGO<br>GTE. GENERAL           |                           |   |       |          |   |   |   |   |   |  |   |   |       |   |   |   |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
| 20 | PERSONAL OCUPADO                                      |  |  |  |  |   |  |  |  |  |                |                     |  |   |   |    |                                                 |                     |   |   | 21         | AUDITOR EXTERNO |                   |   |   |   |    |                                 |                           |   |       | R.N.A.E. |   |   |   |   |   |  |   |   |       |   |   |   |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |
|    | DIRECCION                                             |  |  |  |  | - |  |  |  |  | ADMINISTRACION |                     |  |   |   | -  |                                                 |                     |   |   | PRODUCCION |                 |                   |   |   | - |    |                                 |                           |   | OTROS |          |   |   |   | - |   |  |   |   | ----- |   |   |   |   |  |  |  |  |  | ---- |  |  |  |  |  |  |  |  |  |

[illegible]

|       |             |
|-------|-------------|
| TOTAL | \$ 5,000.00 |
|-------|-------------|

NOTA: EL PRESENTE FORMULARIO NO SE ACEPTARA CON ENMENDADURAS O TACHONES

| AÑO |   |   |   | MES |   | DIA |   |
|-----|---|---|---|-----|---|-----|---|
| 2   | 0 | 0 | 3 | 0   | 4 | 2   | 9 |

FIRMA DEL REPRESENTANTE LEGAL

Emilia Soordt Andriade