

REPUBLICA DEL ECUADOR SUPERINTENDENCIA DE COMPAÑÍAS

FORMULARIO DE ADMINISTRADORES / PERSONAL OCUPADO ΑÑΟ

2010

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| | PERSONAL OCUPADO | | | | | AUDITORIA EXTERNA | | | | | | |
| DIRECCIÓ | N | ADMINISTRACIÓN | PRODUCCIÓN OTROS | | | AUDITOR EXT | RNAE | | | | | |
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| B: NÓM | NA DE APODER | ADOS ADMINISTRADORE | S V/O REPRESENT | ANTES LEG | AT.ES | 3 | | | | | | |
| | | ERADOS, ADMINISTRADORES Y/O REPRESENTANTES LEC | | | | T I | | | | | | |
| Cédula | RUC/Pasaporte | C/Pasaporte Apellido y Nombres Completos | | | Nacionalidad | | | Cargo | | RL/A | ١dm | |
| وا | 08488323 | Vasquez Rodriguez Norma Maria | | | | Ecuatoriana | | | Gerente | | m | |
| | | | | | | Bedderiana | | | | | | |
| 1: | 01060413 | Fon Fay Vasquez Norma del Rocio | | | | Ecuatoriana | | | Presidente | | m | |
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| | _ | mulario no se aceptará co | | tachones | | | | | | | | |
| | 2 Se deberá imp | orimir dos ejemplares del p | oresente formulario | | | | | | | | | |
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| DECLAR | ACION: El admini | strador de la compañía, dec | clara que se responsa | ibiliza por la | vera | icidad de la in | formac | ión prop | orcionada e | n el pre | sente | |

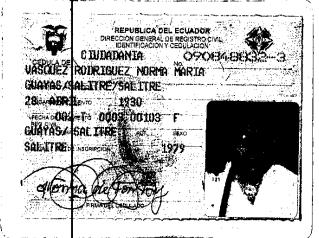
DECLARACION: El administrador de la compañía, declara que se responsabiliza por la veracidad de la información proporcionada en el presente formular o en cumplimiento a lo dispuesto en el artículo 20 y 23 de la Ley de Compañías, normada en "REGLAMENTO QUE ESTABLECE LA INFORMACIÓN Y DOCUMENTOS QUE ESTÁN OBLIGADAS A REMITIR A LA SUPERINTENDENCIA DE COMPAÑÍAS, LAS SOCIEDADES SUJETAS A SU CONTROL Y VIGILANCIA".

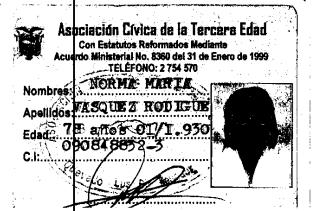
FECHA DE PRESENTACIÓN:

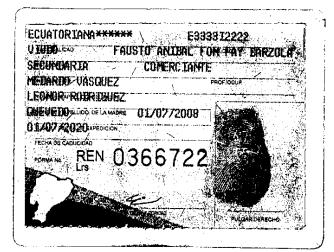
AÑO MES DÍA 1 1 0 7 1 2 FIRMA DEL REPRESENTANTE LEGAL

Nombre: Norma Fon Fay Vasquez

identificación 1 2 0 1 0 6 0 4 1 3



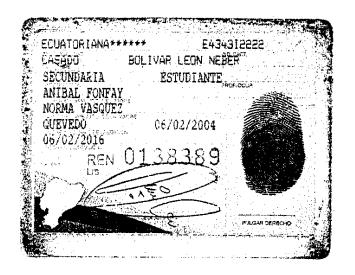




De acuerdo al Artículo 14 Reformado, toda persona de 65 años con ingreso de 5 salarios unificados y un patrimonio de quinientas remuneraciones, estará exonerado de impuestos fiscales municipales Art. 4 en el Art. 21 literal "F" obliga al cumplimiento de la Ley del Anciano









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