



PODER ESPECIAL

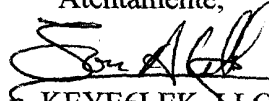
Comparece al otorgamiento del presente Poder Especial, la Compañía KEYE6LEK, LLC, una compañía de responsabilidad limitada constituida de conformidad con las leyes del Estado de California, Estados Unidos de América, accionista de INMOBILIARIA JTMA CIA., LTDA, debidamente representada por Jon A. Wilcox, Gerente, a quien se la denominará como "La Mandante".

"La Mandante" por este instrumento otorga Poder Especial a favor del Sr. Paulo Andrés Moreano Altamirano con cédula de identidad no. 091928449-7 para que éste actuando a su nombre pueda perseguir en juicio a sus deudores, contestar demandas, y cumplir con las obligaciones que haya adquirido "La Mandante".

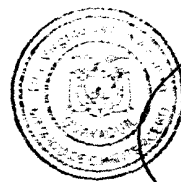
"La Mandataria" en consecuencia queda autorizada a efectuar los actos para los cuales se encuentra autorizada en este documento en el modo que consideren más convenientes a los intereses de "La Mandante".

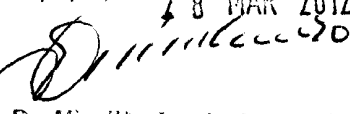
23 Abril, 2010.

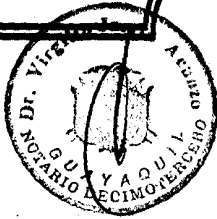
Atentamente,


p. KEYE6LEK, LLC
Jon A. Wilcox
Gerente

De conformidad con el numeral 5 del Artículo 13 de la ley Notarial, el presente instrumento se inscribe en el Registro Oficial No. 564 del 10 de abril del 2010, D.O. E. Que la fotocopia precedente, que consta de cuatro fojas, exacta al documento original que también se me exhibe. Cuantía: Indeterminada-Guayaquil,



28 MAR 2012

Dr. Virgilio Jarrir Acunzo
Notario Décimo Tercero
Guayaquil



SECRETARY OF STATE

Requested for use in Ecuador.

Not for use within the United States of America.

The purpose of the Apostille is to certify the authenticity of the signature of the official signing the document, the capacity in which the official signing the document has acted, and, where appropriate, the identity of the seal or stamp.

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: *United States of America*
This public document
2. *has been signed by Besz R. de la Vega*
3. *acting in the capacity of Deputy, County of San Mateo, State of California*
4. *bears the seal/stamp of the County of San Mateo,*
State of California
5. *At Sacramento, California*
6. *the 26th day of April 2010*
7. *by Deputy Secretary of State, State of California*
8. *No. 811069*
9. *Seal/Stamp:*

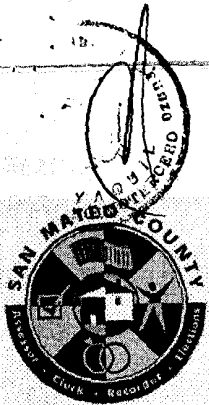
CERTIFIED



10. Signature

Jana Bowen
Secretary of State
BY *[Signature]*





Warren Slocum

Chief Elections Officer & Assessor-County Clerk-Recorder

555 County Center
Redwood City, CA 94063
phone 650-363-4500
fax 650-599-7458
web www.smcare.org

STATE OF CALIFORNIA

SS

COUNTY OF SAN MATEO

I, WARREN SLOCUM, Assessor-County Clerk-Recorder, County of San Mateo, State of California, having by law a seal,

Do HEREBY CERTIFY, that STEVEN J. ZWEIG
whose name is subscribed to the Certificate of the proof or acknowledgment of the annexed instrument and thereon written, was at that time of taking such proof or acknowledgment, a Notary Public in and for said County, residing therein, duly commissioned and sworn, and duly authorized by the laws of said state to administer oaths, take acknowledgments and proofs of deeds or conveyances for land, tenements or hereditaments in said State, to be recorded therein. And further that I am well acquainted with the handwriting of such Notary Public, and verily believe that the signature to said Certificate of proof or acknowledgment is genuine, and that said instrument is executed and acknowledged according to the laws of said State. I further certify that an impression of the seals of Notaries Public is not required by law to be filed in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Assessor-County Clerk-Recorder, this 23rd day of April, 2010.

Warren Slocum
Assessor-County Clerk-Recorder

By: Besz R. de la Vega

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Mateo

On April 23, 2010 before me, Steven J. Zweig, Notary Public

DATE

NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Jon A. Wilcox

NAME(S) OF SIGNER(S)

who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

SIGNATURE OF NOTARY

(Seal)



OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
☒ CORPORATE OFFICER

General Manager
TITLE(S)

- ☐ PARTNER(S) ☐ LIMITED
☐ GENERAL

- ☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

KEV66LEK, LLC

DESCRIPTION OF ATTACHED DOCUMENT

Power of Attorney

TITLE OR TYPE OF DOCUMENT

1
NUMBER OF PAGES

4-23-2010
DATE OF DOCUMENT

None
SIGNER(S) OTHER THAN NAMED ABOVE