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|                                                         |  |    |     |        |   |   |   |        |   |   |   |                       |   |           |   |                       |    |            |   |   |   |          |   |   |   |   |  |
|---------------------------------------------------------|--|----|-----|--------|---|---|---|--------|---|---|---|-----------------------|---|-----------|---|-----------------------|----|------------|---|---|---|----------|---|---|---|---|--|
| RAZÓN O DENOMINACIÓN SOCIAL                             |  | 02 | RUC | 1      | 7 | 9 | 1 | 8      | 9 | 8 | 6 | 1                     | 3 | 0         | 0 | 1                     | 03 | EXPEDIENTE | 1 | 5 | 0 | 4        | 7 | 2 | 0 | 3 |  |
| PAMONT ARQUITECTOS CONSTRUCCION Y RESTAURACION CIA LTDA |  |    |     |        |   |   |   |        |   |   |   |                       |   |           |   |                       |    |            |   |   |   |          |   |   |   |   |  |
| PROVINCIA                                               |  |    |     | CANTÓN |   |   |   | CIUDAD |   |   |   | PARROQUIA             |   |           |   |                       |    |            |   |   |   |          |   |   |   |   |  |
| PICHINCHA                                               |  |    |     | QUITO  |   |   |   | QUITO  |   |   |   | BENLUCAR              |   |           |   |                       |    |            |   |   |   |          |   |   |   |   |  |
| CALLE                                                   |  |    |     |        |   |   |   |        |   |   |   | NÚMERO                |   | TELÉFONO: |   | 022250909             |    |            |   |   |   |          |   |   |   |   |  |
| AV. AMAZONAS                                            |  |    |     |        |   |   |   |        |   |   |   | N34-159               |   | FAX:      |   |                       |    |            |   |   |   |          |   |   |   |   |  |
| INTERSECCIÓN                                            |  |    |     |        |   |   |   |        |   |   |   | EDIFICIO C. COMERCIAL |   |           |   | PISO, DEPTO., OFICINA |    |            |   |   |   |          |   |   |   |   |  |
| INDAQITO                                                |  |    |     |        |   |   |   |        |   |   |   | TORRE DE MARFIL       |   |           |   | 901                   |    |            |   |   |   |          |   |   |   |   |  |
| ACTIVIDAD ECONÓMICA PRINCIPAL                           |  |    |     |        |   |   |   |        |   |   |   | CÓD. ACTIV.           |   | EMAIL     |   |                       |    |            |   |   |   |          |   |   |   |   |  |
| ARQUITECTOS CONSTRUCCION Y RESTAURACION EDIFICIO        |  |    |     |        |   |   |   |        |   |   |   |                       |   |           |   |                       |    |            |   |   |   |          |   |   |   |   |  |
| REPRESENTANTE LEGAL                                     |  |    |     |        |   |   |   |        |   |   |   | CÉDULA                |   | CARGO     |   |                       |    |            |   |   |   |          |   |   |   |   |  |
| DR. JORGE PALACIO VILLAGUNA                             |  |    |     |        |   |   |   |        |   |   |   | 11102285630           |   | GERENTE   |   |                       |    |            |   |   |   |          |   |   |   |   |  |
| PERSONAL OCUPADO                                        |  |    |     |        |   |   |   |        |   |   |   | AUDITOR EXTERNO       |   |           |   |                       |    |            |   |   |   | R.N.A.E. |   |   |   |   |  |
| 1                                                       |  |    |     |        |   |   |   |        |   |   |   | 2                     |   |           |   |                       |    |            |   |   |   | -        |   | - |   |   |  |

[illegible]**TOTAL**

NOTA: EL PRESENTE FORMULARIO NO SE ACEPTA CON ENMIENDAS O TACHONES

| AÑO |  |  |  | MES |  | DÍA |  |
|-----|--|--|--|-----|--|-----|--|
|     |  |  |  |     |  |     |  |

FIRMA DEL REPRESENTANTE LEGAL