

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                          |                     |                                                      |              |                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|---------------------|------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|--|
| 1/ : Codificación de la Inversión Extranjera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1: Inversión Extranjera Directa | 2: Inversión Subregional | 3: Inversión Neutra | 4: Inversión de extranjeros calificada como Nacional | <b>TOTAL</b> | <b>3.000,00</b>                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |  |
| 2/ : Si tiene más accionistas favor anexar las hojas necesarias bajo este formato                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                          |                     |                                                      |              |                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |  |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             AÑO<br/> <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">7</td></tr> </table> </div> <div style="text-align: center;">             MES<br/> <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">5</td></tr> </table> </div> <div style="text-align: center;">             DÍA<br/> <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">2</td></tr> </table> </div> </div> |                                 |                          |                     |                                                      |              | 2                                                                                                                                                                                                                                                                                         | 0 | 7 | 0 | 5 | 0 | 2 |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                               | 7                        |                     |                                                      |              |                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5                               |                          |                     |                                                      |              |                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                               |                          |                     |                                                      |              |                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |  |
| FECHA DE PRESENTACIÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                          |                     |                                                      |              |                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |  |
| <b>ORIGINAL: SUPERINTENDENCIA DE COMPAÑÍAS</b><br>POLIGRÁFICA C.A. - Resolución: 0231 - 27 / 03 / 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                          |                     |                                                      |              | NOTA: EL PRESENTE FORMULARIO NO SE ACEPTARÁ CON ENMENDADURAS O TACHONES<br><br><div style="text-align: center;"> <br/> <hr style="width: 100%;"/>         FIRMA DEL REPRESENTANTE LEGAL       </div> |   |   |   |   |   |   |  |