

50 0236908

|                                       |                     |                       |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
|---------------------------------------|---------------------|-----------------------|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|----|------------|-----------------|---|---|---|---|--|--|--|--|
| RAZÓN O DENOMINACIÓN SOCIAL           |                     | 02                    | RUC | 1 | 8 | 9 | 0 | 1 | 4 | 9 | 9 | 6 | 0 | 0 | 0 | 1 | 03 | EXPEDIENTE | 3               | 4 | 4 | 8 | 5 |  |  |  |  |
| AGROBIOCONSA S.A.                     |                     |                       |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
| PROVINCIA                             | CANTÓN              | CIUDAD                |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            | PARROQUIA       |   |   |   |   |  |  |  |  |
| MANABI                                | MANTA               | MANTA                 |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            | LEONIDAS PROAÑO |   |   |   |   |  |  |  |  |
| CALLE                                 | NÚMERO              | TELÉFONO:             |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
| CDLA. LOMAS DE COLORADO CALLE TERCERA | S/N                 | 0 5 2 6 2 1 2 5 3     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
|                                       |                     | FAX:                  |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
| INTERSECCIÓN                          |                     | PISO, DEPTO., OFICINA |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
| ACTIVIDAD ECONÓMICA PRINCIPAL         |                     | CÓD. ACTIV.           |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
| DESINFECTACION Y EXTERMINIO           |                     | EMAIL                 |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
| REPRESENTANTE LEGAL                   | CÉDULA              | CARGO                 |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
| PINCAY ALAVA TEOFILO ENRIQUE          | 1 3 0 1 7 0 4 0 2 7 | GERENTE               |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
| PERSONAL OCUPADO                      |                     | AUDITOR EXTERNO       |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |
|                                       |                     | R.N.A.E.              |     |   |   |   |   |   |   |   |   |   |   |   |   |   |    |            |                 |   |   |   |   |  |  |  |  |

[illegible]

|              |               |
|--------------|---------------|
| <b>TOTAL</b> | <b>800,00</b> |
|--------------|---------------|

NOTA: EL PRESENTE FORMULARIO NO SE ACEPTARÁ CON ENDEDADURAS O TACHONES

| AÑO |   |   |   | MES |   | DÍA |   |
|-----|---|---|---|-----|---|-----|---|
| 2   | 0 | 0 | 9 | 0   | 8 | 3   | 1 |

**ORIGINAL: SUPERINTENDENCIA DE COMPAÑÍAS**  
POLIGRÁFICA C.A. - Resolución: 0231 - 27 / 03 / 02

FIRMA DEL REPRESENTANTE LEGAL