

**FORMULARIO SC**

## FORMULARIO UNICO DE ACTUALIZACION

# AÑO

2.002

No.

**0 0106586**

|    |                                      |  |    |     |                |   |   |   |            |           |   |   |       |                       |   |   |        |    |            |   |   |          |                      |    |                 |   |    |        |  |  |  |  |
|----|--------------------------------------|--|----|-----|----------------|---|---|---|------------|-----------|---|---|-------|-----------------------|---|---|--------|----|------------|---|---|----------|----------------------|----|-----------------|---|----|--------|--|--|--|--|
| 01 | RAZON O DENOMINACION SOCIAL          |  | 02 | RUC | 0              | 9 | 9 | 0 | 8          | 3         | 7 | 9 | 2     | 9                     | 0 | 0 | 1      | 03 | EXPEDIENTE | 4 | 4 | 3        | 5                    | 2  | -               | 8 | 6  |        |  |  |  |  |
| 01 | MEDICAMENTOS ECUADOR S.A. MEDICAMESA |  |    |     |                |   |   |   |            |           |   |   |       |                       |   |   |        |    |            |   |   |          |                      |    |                 |   |    |        |  |  |  |  |
| 04 | PROVINCIA                            |  |    |     |                |   |   |   | CANTON     |           |   |   |       |                       |   |   | CIUDAD |    |            |   |   |          |                      |    | PARROQUIA       |   |    |        |  |  |  |  |
| 04 | GUAYAS                               |  |    |     |                |   |   |   | 05         | GUAYAQUIL |   |   |       |                       |   |   |        | 06 | GUAYAQUIL  |   |   |          |                      |    |                 |   | 07 | TARQUI |  |  |  |  |
| 08 | CALLE                                |  |    |     |                |   |   |   |            |           |   |   | 09    | NUMERO                |   |   |        | 10 | TELEFONO:  |   |   |          |                      |    |                 |   |    |        |  |  |  |  |
| 08 | KM. 8.1/2 VIA A DAULE                |  |    |     |                |   |   |   |            |           |   |   | 09    |                       |   |   |        | 10 | FAX:       |   |   |          |                      |    |                 |   |    |        |  |  |  |  |
| 11 | INTERSECCION                         |  |    |     |                |   |   |   |            |           |   |   | 12    | EDIFICIO C. COMERCIAL |   |   |        |    |            |   |   | 13       | PISO, DEPTO, OFICINA |    |                 |   |    |        |  |  |  |  |
| 14 | ACTIVIDAD ECONOMICA PRINCIPAL        |  |    |     |                |   |   |   |            |           |   |   | 15    | COD. ACTIV.           |   |   |        | 16 | EMAIL      |   |   |          |                      |    |                 |   |    |        |  |  |  |  |
| 14 | LABORATORIO FARMACEUTICO             |  |    |     |                |   |   |   |            |           |   |   | 15    |                       |   |   |        | 16 |            |   |   |          |                      |    |                 |   |    |        |  |  |  |  |
| 17 | REPRESENTANTE LEGAL                  |  |    |     |                |   |   |   |            |           |   |   | 18    | CEDULA                |   |   |        |    |            |   |   | 19       | CARGO                |    |                 |   |    |        |  |  |  |  |
| 17 | JOSE MANZUR SANDOVAL                 |  |    |     |                |   |   |   |            |           |   |   | 18    | 0                     | 9 | 0 | 8      | 9  | 2          | 5 | 3 | 0        | 8                    | 19 | GERENTE GENERAL |   |    |        |  |  |  |  |
| 20 | PERSONAL OCUPADO                     |  |    |     |                |   |   |   |            |           |   |   | 21    | AUDITOR EXTERNO       |   |   |        |    |            |   |   | R.N.A.E. |                      |    |                 |   |    |        |  |  |  |  |
| 20 | DIRECCION                            |  |    |     | ADMINISTRACION |   |   |   | PRODUCCION |           |   |   | OTROS |                       |   |   | 21     |    |            |   |   |          |                      |    |                 |   |    |        |  |  |  |  |

**B.- NOMINA DE SOCIOS O ACCIONISTAS 2/.**

[illegible]

### 1/ : Codificación de la Inversión Extranjera

### 1: Inversión Extrínseca Directa

### Interventor Subregional

### B: Inversión Neutral

#### 4: Inversión de extranjeros calificada como Nacional

**TOTAL**

4.000.00

2/: Si tiene más accionistas favor anexar las hojas necesarias bajo esta forma.

**NOTA: EL PRESENTE FORMULARIO NO SE ACEPTARA CON ENMENDADURAS O TACHONES**

**FECHA DE PRESENTACION**

| AÑO |   |   |   | MES |   | DÍA |   |
|-----|---|---|---|-----|---|-----|---|
| 2   | 0 | 0 | 3 | 0   | 3 | 2   | 4 |

**ORIGINAL: SUPERINTENDENCIA DE COMPAÑÍAS**

**TASKI EDITORA S.A. - R.U.C.: 1790716147001 - Resolución: 3328 - 29 / 07 / 96**

**FIRMA DEL REPRESENTANTE LEGAL**