

20 0064552

|                                                           |                            |                            |   |   |   |   |   |   |   |   |   |   |   |                        |           |                            |   |   |   |   |   |   |   |   |                                 |                       |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------|----------------------------|----------------------------|---|---|---|---|---|---|---|---|---|---|---|------------------------|-----------|----------------------------|---|---|---|---|---|---|---|---|---------------------------------|-----------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| RAZÓN O DENOMINACIÓN SOCIAL<br><b>KRORIN S.A</b>          |                            | 02 RUC                     | 0 | 9 | 9 | 1 | 0 | 2 | 9 | 6 | 6 | 4 | 0 | 0                      | 1         | 03 EXPEDIENTE              | 5 | 7 | 5 | 3 | 4 |   |   |   |                                 |                       |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| PROVINCIA<br><b>GUAYAS</b>                                | CANTÓN<br><b>GUAYAQUIL</b> | CIUDAD<br><b>GUAYAQUIL</b> |   |   |   |   |   |   |   |   |   |   |   |                        |           | PARROQUIA<br><b>XIMENA</b> |   |   |   |   |   |   |   |   |                                 |                       |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| CALLE<br><b>CDLA LOS ALMENDROS MANZANA O</b>              |                            |                            |   |   |   |   |   |   |   |   |   |   |   | NÚMERO<br><b>1821</b>  | TELÉFONO: |                            |   |   |   |   |   |   |   |   |                                 |                       | 2 | 3 | 3 | 4 | 9 | 5 | 3 |  |  |  |  |  |  |  |  |  |  |
|                                                           |                            |                            |   |   |   |   |   |   |   |   |   |   |   |                        | FAX:      |                            |   |   |   |   |   |   |   |   |                                 |                       |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| INTERSECCIÓN                                              |                            |                            |   |   |   |   |   |   |   |   |   |   |   | EDIFICIO C. COMERCIAL  |           |                            |   |   |   |   |   |   |   |   |                                 | PISO, DEPTO., OFICINA |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| ACTIVIDAD ECONÓMICA PRINCIPAL<br><b>INMOBILIARIA</b>      |                            |                            |   |   |   |   |   |   |   |   |   |   |   | CÓD. ACTIV.            |           |                            |   |   |   |   |   |   |   |   |                                 | EMAIL                 |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|                                                           |                            |                            |   |   |   |   |   |   |   |   |   |   |   |                        |           |                            |   |   |   |   |   |   |   |   |                                 |                       |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| REPRESENTANTE LEGAL<br><b>JOSE FEDERICO AROCA CLAVIJO</b> |                            |                            |   |   |   |   |   |   |   |   |   |   |   | CÉDULA                 | 0         | 9                          | 1 | 2 | 1 | 6 | 4 | 7 | 3 | 8 | CARGO<br><b>GERENTE GENERAL</b> |                       |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| <b>PERSONAL OCUPADO</b>                                   |                            |                            |   |   |   |   |   |   |   |   |   |   |   | <b>AUDITOR EXTERNO</b> |           |                            |   |   |   |   |   |   |   |   |                                 | <b>R.N.A.E.</b>       |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |

[illegible]

|       |        |
|-------|--------|
| TOTAL | 200,00 |
|-------|--------|

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

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

FIRMA DEL REPRESENTANTE LEGAL

Patricia Susana B de Kell