

A: DATOS GENERALES: IDENTIFICACIÓN

## REPUBLICA DEL ECUADOR SUPERINTENDENCIA DE COMPAÑÍAS

COMPAÑÍAS
FORMULARIO DE ADMINISTRADORES /
PERSONAL OCUPADO

AÑO

2011

SC.NEC.62617.2011.1

| RAZON O DENOMINACIO                              | ON SOCIAL   | RUC                         |             |  |              |                   |       |             | EXI  | PEDI       | ENTE        |   |                    |       |      |  |
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| PERSONAL OCUPADO                                 |   |                             |             |  |              | AUDITORIA EXTERNA |       |             |  |            |             |   |                    |       |      |  |
| DIRECCIÓN  | ADMINISTRACIÓN  | PRODUCCIÓ                   | PRODUCCIÓN  |  |              | AUDITOR EXTERNO   |       |             |  |            | RNAE        |   |                    |       |      |  |
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| B: NÓMINA DE APODER                              | ADOS, ADMINISTRADORE  | s y/o repr                  | RESENT      | ANTES LEC                              | ALE          | es .              |       |             |  |            |             |   |                    |       |      |  |
| Cédula/RUC/Pasaporte                             | Apellido y Nombres Completos  |                             |             |  | Nacionalidad |                   |       |             | Cargo  |            |             |   | RL/Adm             |       |      |  |
| 170388055-7                                      | LASO VALENCIA LEONARDO JOSE   |                             |             |  |              | ECUATORIANO       |       |             |  | PRESIDENTE |             |   |                    | ADM   |      |  |
| 172699552-3                                      | JARAMILLO ZULUAGA MARTHA CECILIA  |                             |             |  |              | COLOMBIANA        |       |             |  | GERENTE    |             |   |                    | R/L   |      |  |
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|  | rmulario no se aceptará co:<br>primir dos ejemplares del p  |                             |             | Lacrones                               |              |                   |       |             |  |            |             |   |                    |       |      |  |
| DECLADACION: Pl admin                            | istrador de la compañía, d  | anlera min -                | 0 PASTO     | nachilles                              | . I-         | waranida          |       | lo to       | · for-   | Asser      |             | No.                                     | lor-               | da 4  | m el |  |
| presente formulario en c<br>ESTABLECE LA INFORMA | istrador de la compania, d<br>rumplimiento a lo dispuest<br>ACIÓN Y DOCUMENTOS QI<br>SU CONTROL Y VIGILANCIA' | o en el artíc<br>JE ESTÁN C | culo 20     | y 23 de la                             | Ley          | de Com            | zpaňi | as, n       | orma   | da e       | n "RE       | GLA                                     | ME                 | NTO.  | QUE  |  |

AÑO

FECHA DE PRESENTACIÓN:

MES

DÍA

Nombre: Identificación:

FIRMA DEL REPRESENTANTE LEGAL