

**FORMULARIO SC**

**Nº 50 0270969**

|    |                                            |  |   |                |  |    |            |  |       |  |    |                           |           |    |            |  |          |                       |           |  |  |  |   |   |   |   |   |   |   |  |  |
|----|--------------------------------------------|--|---|----------------|--|----|------------|--|-------|--|----|---------------------------|-----------|----|------------|--|----------|-----------------------|-----------|--|--|--|---|---|---|---|---|---|---|--|--|
| 01 | RAZÓN O DENOMINACIÓN SOCIAL                |  |   |                |  |    |            |  |       |  | 02 | RUC                       |           | 03 | EXPEDIENTE |  |          |                       |           |  |  |  |   |   |   |   |   |   |   |  |  |
|    | CONST. AGRI. Y CIVIL CONGRI                |  |   |                |  |    |            |  |       |  |    |                           |           |    |            |  |          |                       |           |  |  |  |   |   |   |   |   |   |   |  |  |
| 04 | PROVINCIA                                  |  |   |                |  | 05 | CANTÓN     |  |       |  |    | 06                        | CIUDAD    |    |            |  |          | 07                    | PARROQUIA |  |  |  |   |   |   |   |   |   |   |  |  |
|    | GUAYAS                                     |  |   |                |  | 05 | GUAYAQUIL  |  |       |  |    | 06                        | GUAYAQUIL |    |            |  |          | 07                    | TARQUI    |  |  |  |   |   |   |   |   |   |   |  |  |
| 08 | CALLE                                      |  |   |                |  |    |            |  |       |  | 09 | NÚMERO                    |           |    |            |  | 10       | TELÉFONO:             |           |  |  |  | 2 | 2 | 0 | 0 | 3 | 0 | 2 |  |  |
|    | CDLA. MIRAFLORES: CALLE SEPTIMA            |  |   |                |  |    |            |  |       |  | 09 | 416                       |           |    |            |  | 10       | FAX:                  |           |  |  |  | 2 | 2 | 0 | 0 | 3 | 0 | 2 |  |  |
| 11 | INTERSECCIÓN                               |  |   |                |  |    |            |  |       |  | 12 | EDIFICIO C. COMERCIAL     |           |    |            |  | 13       | PISO, DEPTO., OFICINA |           |  |  |  |   |   |   |   |   |   |   |  |  |
|    | LAS BRISAS                                 |  |   |                |  |    |            |  |       |  | 12 | PLANTA BAJA               |           |    |            |  | 13       | PLANTA BAJA           |           |  |  |  |   |   |   |   |   |   |   |  |  |
| 14 | ACTIVIDAD ECONÓMICA PRINCIPAL              |  |   |                |  |    |            |  |       |  | 15 | CÓD. ACTIV.               |           |    |            |  | 16       | EMAIL                 |           |  |  |  |   |   |   |   |   |   |   |  |  |
|    | ALQUILER Y EXPLOTACION DE BIENES INMUEBLES |  |   |                |  |    |            |  |       |  | 15 | 7   0   1   0             |           |    |            |  | 16       |                       |           |  |  |  |   |   |   |   |   |   |   |  |  |
| 17 | REPRESENTANTE LEGAL                        |  |   |                |  |    |            |  |       |  | 18 | CÉDULA                    |           |    |            |  | 19       | CARGO                 |           |  |  |  |   |   |   |   |   |   |   |  |  |
|    | JOSE MARIA CASTILLO DEL SALTO              |  |   |                |  |    |            |  |       |  | 18 | 0   6   0   0   5   7   6 |           |    |            |  | 19       | GERENTE GENERAL       |           |  |  |  |   |   |   |   |   |   |   |  |  |
| 20 | PERSONAL OCUPADO                           |  |   |                |  |    |            |  |       |  | 21 | AUDITOR EXTERNO           |           |    |            |  | R.N.A.E. |                       |           |  |  |  |   |   |   |   |   |   |   |  |  |
|    | DIRECCIÓN                                  |  | 1 | ADMINISTRACIÓN |  | 2  | PRODUCCIÓN |  | OTROS |  | 1  | AUDITOR EXTERNO           |           |    |            |  | R.N.A.E. |                       |           |  |  |  |   |   |   |   |   |   |   |  |  |

[illegible]

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

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

FECHA DE PRESENTACIÓN

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

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

FIRMA DEL REPRESENTANTE LEGAL

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