

FORMULARIO SC **FORMULARIO UNICO DE ACTUALIZACION**

**No.** 20 0028887

|    |                                  |  |                |  |            |    |           |  |  |  |    |                                       |           |   |   |   |          |                      |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|----|----------------------------------|--|----------------|--|------------|----|-----------|--|--|--|----|---------------------------------------|-----------|---|---|---|----------|----------------------|-----------|---|---|---|---|---|---|----|------------|---|---|---|---|---|---|---|---|
| 01 | RAZON O DENOMINACION SOCIAL      |  |                |  |            |    |           |  |  |  | 02 | RUC                                   | 0         | 9 | 9 | 1 | 4        | 5                    | 3         | 8 | 8 | 5 | 0 | 0 | 1 | 03 | EXPEDIENTE | 8 | 2 | 1 | 2 | 9 | - | 9 | 8 |
|    | GISTO S.A.                       |  |                |  |            |    |           |  |  |  |    |                                       |           |   |   |   |          |                      |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
| 04 | PROVINCIA                        |  |                |  |            | 05 | CANTON    |  |  |  |    | 06                                    | CIUDAD    |   |   |   |          | 07                   | PARROQUIA |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|    | GUAYAS                           |  |                |  |            |    | GUAYAQUIL |  |  |  |    |                                       | GUAYAQUIL |   |   |   |          |                      | CARBO     |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
| 08 | CALLE                            |  |                |  |            |    |           |  |  |  | 09 | NUMERO                                |           |   |   |   | 10       | TELEFONO:            |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|    | FCO. DE PAULA ICAZA              |  |                |  |            |    |           |  |  |  |    | 407                                   |           |   |   |   |          |                      |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|    |                                  |  |                |  |            |    |           |  |  |  |    |                                       |           |   |   |   |          | FAX:                 |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
| 11 | INTERSECCION                     |  |                |  |            |    |           |  |  |  | 12 | EDIFICIO C. COMERCIAL                 |           |   |   |   | 13       | PISO, DEPTO, OFICINA |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|    | GENERAL CORDOVA                  |  |                |  |            |    |           |  |  |  |    |                                       |           |   |   |   |          |                      |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
| 14 | ACTIVIDAD ECONOMICA PRINCIPAL    |  |                |  |            |    |           |  |  |  | 15 | COD. ACTIV.                           |           |   |   |   | 16       | EMAIL                |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|    | COMPRA- VENTA DE BIENES INMUEBLE |  |                |  |            |    |           |  |  |  |    | 8   3   1   0   1                     |           |   |   |   |          |                      |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
| 17 | REPRESENTANTE LEGAL              |  |                |  |            |    |           |  |  |  | 18 | CEDULA                                |           |   |   |   | 19       | CARGO                |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|    | ELICIO LEONARDO MENDOZA COPPIANO |  |                |  |            |    |           |  |  |  |    | 1   3   0   6   9   6   1   0   0   2 |           |   |   |   |          | PRESIDENTE           |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
| 20 | PERSONAL OCUPADO                 |  |                |  |            |    |           |  |  |  | 21 | AUDITOR EXTERNO                       |           |   |   |   | R.N.A.E. |                      |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|    | DIRECCION                        |  | ADMINISTRACION |  | PRODUCCION |    | OTROS     |  |  |  |    |                                       |           |   |   |   |          |                      |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |
|    | 0                                |  | 0              |  | 0          |    | 0         |  |  |  |    |                                       |           |   |   |   |          |                      |           |   |   |   |   |   |   |    |            |   |   |   |   |   |   |   |   |

[illegible]

|       |        |
|-------|--------|
| TOTAL | 200.00 |
|-------|--------|

| AÑO |   |   |   | MES |   | DÍA |   |
|-----|---|---|---|-----|---|-----|---|
| 2   | 0 | 0 | 3 | 0   | 5 | 1   | 6 |

  
FIRMA DEL REPRESENTANTE LEGAL