# COVER SHEET

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SEC Registration Number

| S | T | A | . | | L | U | C | I | A | | L | A | N | D | , | | I | N | C | . | | A | N | D | | S | U | B | S | I | D | I |
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| A | R | I | E | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Company's Full Name)

| P | E | N | T | H | O | U | S | E | | B | L | D | G | . | 3 | , | | S | T | A. | | L | U | C | I | A | | E | A | S | T | |
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| F | E | L | I | X | | A | V | E | ., | | C | A | I | N | T | A | , | | R | I | Z | A | L | | | | | | | | | | |

(Business Address: No. Street City/Town/Province)

| DAVID M. DELA CRUZ | 681-7332 |
|---|---|
| (Contact Person) | (Company Telephone Number) |

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| *Month* | | | *Day* | | | (Form Type) | | | | | | *Month* | | | *Day* | |
| (Fiscal Year) | | | | | | | | | | | | (Annual Meeting) | | | | |

(Secondary License Type, If Applicable)

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| Dept. Requiring this Doc. | Amended Articles Number/Section |
| | Total Amount of Borrowings |
| Total No. of Stockholders | Domestic / Foreign |

To be accomplished by SEC Personnel concerned

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|---|---|
| File Number | LCU |
| Document ID | Cashier |

STAMPS

Remarks: Please use BLACK ink for scanning purposes.