

COVER SHEET

P W - 0 2

SEC Registration Number

A. S O R I A N O C O R P O R A T I O N

Grid for Company's Full Name

(Company's Full Name)

7/ F P A C I F I C S T A R B U I L D I N G

G I L J. P U Y A T A V E N U E C O R. M A K A T I A V E.

M A K A T I C I T Y

Grid for Business Address

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

ATTY. JOSHUA L. CASTRO

(Contact Person)

819-0251

(Company Telephone Number)

1 2 3 1

Month Day (Fiscal Year)

2 3 - B

(Form Type)

0 4

Month Day (Annual Meeting)

Secondary License Type box

(Secondary License Type, If Applicable)

Dept. Requiring this Doc. box

Dept. Requiring this Doc.

Amended Articles Number/Section box

Amended Articles Number/Section

Total No. of Stockholders box

Total No. of Stockholders

Domestic Borrowings box

Domestic

Foreign Borrowings box

Foreign

To be accomplished by SEC Personnel concerned

File Number grid

File Number

\_\_\_\_\_  
LCU

Document ID grid

Document ID

\_\_\_\_\_  
Cashier

STAMPS dashed box

Remarks: Please use BLACK ink for scanning purposes.