## COVER SHEET

AUDITED FINANCIAL STATEMENTS

|                                      |  |   |    |     |   |   |          |   |       |                                 |                            |                              |      | SEC Registration Number          |     |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
|--------------------------------------|--|---|----|-----|---|---|----------|---|-------|---------------------------------|----------------------------|------------------------------|------|----------------------------------|-----|-----|------|---------------------------------------|---------------|---------------------------|----|---|---|----|---|----|---|---|---|--|
|                                      | 7  |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  |     |     |      |                                       | A             | S                         | О  | 9 | 6 | 0  | 0 | 4  | 9 | 6 | 7 |  |
| COMPANY NAME                         |  |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  | 9   |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
| K                                    | О  | L | I  | N   |   | М | Α        | R | K     | Е                               | Т                          | Ι                            | N    | G                                | ,   | Ι   | N    | С                                     |               | 100                       |    |   |   |    |   | 5% |   |   |   |  |
|                                      |  |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  |     |     |      |                                       |               | or I                      |    |   |   |    |   |    |   |   |   |  |
| $\vdash$                             |  |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  |     |     |      |                                       |               |                           |    |   |   | П  |   |    |   |   |   |  |
| H                                    |  |   |    |     |   | H |          |   |       |                                 |                            |                              |      |                                  | -   |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
|                                      |  |   |    |     |   |   | <u> </u> |   |       |                                 |                            |                              |      |                                  |     | Щ.  |      | _                                     | L             |                           |    | _ |   | Ц. |   |    |   | Ш |   |  |
| PR                                   | PRINCIPAL OFFICE (No. / Street / Barangay / City / Town / Province ) |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  |     |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
| K                                    | 0  | L | Ι  | N   |   | В | L        | D | G     |                                 | N                          | 0                            | l.   | 1                                | 8   | 5   | 4    |                                       | S             | Т                         | A  | · | R | Ι  | Т | A  | / |   |   |  |
| S                                    | Т  | R | Е  | Е   | Т | , | В        | R | G     | Y                               |                            | G                            | U    | A                                | D   | A   | L    | U                                     | Р             | Е                         |    | N | U | Е  | V | 0  |   |   |   |  |
| M                                    | A  | K | A  | Т   | I |   | С        | Ι | Т     | Y                               |                            |                              |      |                                  |     |     |      |                                       |               | 63                        |    |   |   |    |   |    |   |   |   |  |
|                                      |  |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  |     |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
| Form Type                            |  |   |    |     |   |   |          |   |       | Department requiring the report |                            |                              |      |                                  |     |     |      | Secondary License Type, If Applicable |               |                           |    |   |   |    |   |    |   |   |   |  |
| A F S                                |  |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  |     |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
|                                      | COMPANY INFORMATION  |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  |     |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
| Company's email Address              |  |   |    |     |   |   |          |   |       |                                 | Company's Telephone Number |                              |      |                                  |     |     |      |                                       | Mobile Number |                           |    |   |   |    |   |    |   |   |   |  |
|                                      |  |   |    |     |   |   |          |   |       |                                 | 8510412                    |                              |      |                                  |     |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
| No. of Stockholders                  |  |   |    |     |   |   |          |   |       |                                 |                            | Annual Meeting (Month / Day) |      |                                  |     |     |      |                                       |               | Fiscal Year (Month / Day) |    |   |   |    |   |    |   |   |   |  |
|                                      | 4  |   |    |     |   |   |          |   |       |                                 |                            | 3RD FRIDAY OF MAY            |      |                                  |     |     |      |                                       |               | DECEMBER 31               |    |   |   |    |   |    |   |   |   |  |
|                                      |  |   | 20 | 1.5 |   |   |          |   |       | -                               |                            |                              |      |                                  |     |     |      |                                       | •             |                           |    |   |   |    |   |    |   |   |   |  |
|                                      |  |   |    |     |   |   |          | 7 | he de |                                 |                            |                              |      |                                  |     | _   | _    | ATI<br>of th                          |               | porati                    | on |   |   |    | - |    |   |   |   |  |
| Name of Contact Person Email Address |  |   |    |     |   |   |          |   |       |                                 |                            |                              | 1    | Telephone Number/s Mobile Number |     |     |      |                                       |               |                           |    |   |   |    |   |    |   |   |   |  |
| TIFFANY CHUA SIY                     |  |   |    |     |   |   |          |   |       |                                 |                            |                              |      |                                  |     |     |      |                                       | 8510412       |                           |    |   |   |    |   |    |   |   |   |  |
| _                                    |  |   |    |     |   |   |          |   |       |                                 |                            |                              | OT - |                                  | 201 | n   |      | 050                                   | •             |                           |    |   |   |    |   |    |   |   |   |  |
| _                                    | _  |   | _  | _   | _ | _ | _        |   | _     |                                 | CUR                        | IA                           |      | EK                               | JUN | 5 A | יטטו | RES                                   |               | _                         | _  | _ | _ | _  | _ | _  | _ | _ | _ |  |

NOTE 1: In case of death, resignation or cessation of office of the officer designated as contact person, such incident shall be reported to the Commission within thirthy (30) calendar days from the occurance thereof with information and complete contact details of the new contact person designated.

KOLIN BLDG. NO.1854 STA. RITA STREET, BRGY. GUADALUPE NUEVO, MAKATI CITY

liability for its deficiencies.

designated.

2: All Boxes must be properly and completely filled-up. Failure to do so shall cause the delay in updating the corporation's records with the Commission and/or non-receipt of Notice of Deficiencies. Further, non-receipt of Notice of Deficiencies shall not excuse the corporation from