COVER SHEET

		0	0	0	0	3	9	7	4	5

S.E.C. Registration Number

C	R	O	W	N		E	Q	U	I	T	I	E	S	,		I	N	C	.											

(Company's Full Name)

4	T	H		F	L	R		C	R	O	W	N		C	E	N	T	E	R											
1	5	8		J	U	P	I	T	E	R		C	O	R.		N.	G	A	R	C	I	A		S	T	S.				
B	E	L	A	I	R		M	A	K	A	T	I		C	I	T	Y													

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

E	U	G	E	N	E		M	A	C	A	L	A	L	A	G

Contact Person

8	9	9	0	0	8	1			

Company Telephone Number

1	2

Month

3	1

Day

Fiscal Year

2	3	-	A	

FORM TYPE

0	5

Month

2	2

Day

Annual Meeting

Secondary License Type, If Applicable

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

File Number

LCU

Document I.D.

Cashier

STAMPS

Remarks = pls. use black ink for scanning purposes