

COVER SHEET

0	0	0	0	0	9	1	4	4	7		
---	---	---	---	---	---	---	---	---	---	--	--

SEC Registration Number

S	E	M	I	R	A	R	A	M	I	N	I	N	G	A	N	D	P	O	W	E	R			
								C	O	R	P	O	R	A	T	I	O	N						

(Company's Full Name)

				2	n	d		F	I	O	O	R		D	M	C	I		P	L	A	Z	A									
				2	2	8	1		D	O	N		C	H	I	N	O		R	O	C	E	S		A	V	E	N	U	E		
														M	A	K	A	T	I		C	I	T	Y								

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

John R. Sadullo (Contact Person)

(632) 888-3000/3055 (Company Telephone Number)

1 2	3 1
-----	-----

(Fiscal Year)

1 7 - C

(Form Type)

--	--

Month Day
(Annual Meeting)

--

(Secondary License Type, If Applicable)

MSRD

Dept. Requiring this Doc.

--

Amended Articles Number/Section

--

Total No. of Stockholders

--

Domestic

--

Foreign

To be accomplished by SEC Personnel concerned

--

File Number

_____ LCU

--

Document ID

_____ Cashier

STAMPS

Remarks: Please use BLACK ink for scanning purposes.

