

# COVER SHEET

## for AUDITED FINANCIAL STATEMENTS

SEC Registration Number

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**COMPANY NAME**

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CORPORATION																							

**PRINCIPAL OFFICE ( No. / Street / Barangay / City / Town / Province)**

26th Floor, West Tower, PSE																							
Center, Exchange Road, Ortigas																							
Center, Pasig City																							

Form Type

A A F S
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Department requiring the report

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Secondary License Type, If Applicable

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### COMPANY INFORMATION

<b>Company's email Address</b> <div style="border: 1px solid black; height: 20px;"></div>	<b>Company's Telephone Number/s</b> <div style="border: 1px solid black; height: 20px;"></div>	<b>Mobile Number</b> <div style="border: 1px solid black; height: 20px;"></div>
<b>No. of Stockholders</b> <div style="border: 1px solid black; text-align: center; padding: 5px;">1,844</div>	<b>Annual Meeting (Month / Day)</b> <div style="border: 1px solid black; text-align: center; padding: 5px;">July 29</div>	<b>Fiscal Year (Month / Day)</b> <div style="border: 1px solid black; text-align: center; padding: 5px;">December 31</div>

### CONTACT PERSON INFORMATION

The designated contact person *MUST* be an Officer of the Corporation

<b>Name of Contact Person</b> <div style="border: 1px solid black; text-align: center; padding: 5px;">Rizalito S. Oades</div>	<b>Email Address</b> <div style="border: 1px solid black; text-align: center; padding: 5px;">riz.oades@lrwc.com</div>	<b>Telephone Number/s</b> <div style="border: 1px solid black; text-align: center; padding: 5px;">(02) 638-5557</div>	<b>Mobile Number</b> <div style="border: 1px solid black; height: 20px;"></div>
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### CONTACT PERSON'S ADDRESS

*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 thirty (30) calendar days from the occurrence thereof with information and complete contact details of the new contact person designated.*

*Note 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 liability for its deficiencies.*



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

TRANSMITTAL FORM

Taxpayer's Copy

RDO Code: 126

Type of Tax Return: \_\_\_\_\_ For the Quarter/Year: \_\_\_\_\_ DLN: \_\_\_\_\_

TIN: 000 - 108 - 278 - 000 Name of Taxpayer: LEISURE & RESORTS WORLD CORP.

Name of Contact Person/TP's Representative: Keymar B. Patricia Tel. No: 638 5557

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|---|---|
| <input type="checkbox"/> Return generated from EFPS/ FRN                  | <input type="checkbox"/> Inventory List, RMC 57-2015                                      |
| <input type="checkbox"/> Payment Confirmation from EFPS/(Over Remittance) | ____ <i>Inventory List (in hard copy)</i>   |
| <input type="checkbox"/> eSubmission Validation Receipt (SAWT)            | ____ <i>Inventory List (in DVD-R)</i>   |
| <input type="checkbox"/> Sworn Declaration, RR 2-2015 (2307/2316)         | ____ <i>Sworn Declaration</i>   |
| <input type="checkbox"/> Scanned BIR Form No. 2307 (in CD-R/ DVD-R)       | <input type="checkbox"/> Lessee Information Statement, RR 12-2011                         |
| <input type="checkbox"/> Scanned BIR Form No. 2316 (in CD-R/ DVD-R)       | ____ <i>Lessee Info. State. (in hard copy)</i>  |
| <input type="checkbox"/> BIR Form No. 2306 (in hard copy)                 | ____ <i>Lessee Info. State. (in CD-R)</i>   |
| <input type="checkbox"/> Statement of Management Responsibility (SMR)     | ____ <i>Building/Space Layout</i>   |
| <input type="checkbox"/> Financial Statements                             | ____ <i>Certified True Copy of Contract of Lease</i>                                      |
| ____ <i>Balance Sheet</i>   | <input type="checkbox"/> Registration of Manual/Loose-leaf/Computerized Books of Accounts |
| ____ <i>Income Statement</i>  | ____ <i>BIR Form No. 1905 / Checklist of Requirements</i>                                 |
| ____ <i>Independent Auditor's Report</i>                                  | ____ <i>New sets of Permanently Books of Accounts</i>                                     |
|   | ____ <i>Permit to Use Loose-Leaf/CAS/CBA</i>  |
|   | ____ <i>Permanently Bound Loose-Leaf B/A</i>  |
|   | ____ <i>DVDs containing Electronic Books of Accounts and Records.</i>                     |
|   | ____ <i>Affidavit/ Sworn Declaration</i>  |
| <input type="checkbox"/> Others/ Remarks                                  |   |

NOTE: Please prepare two sets/ copies for BIR.

BUREAU OF INTERNAL REVENUE  
Stamp of Receiving Office  
Date: APR 17 2017  
RECEIVED  
ELMER B. TANAY  
TSIS