

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004397 (4)**

1. Corporation Name

LETECH INCORPORATED OF VIRGINIA



Principal Place of Business

**5400 SHAWNEE RD #202
ALEXANDRIA VA 22312**

Mailing Address

**5400 SHAWNEE RD #202
ALEXANDRIA VA 22312**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

4. FEI Number

54-1629747

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**MILLEDGE, ALLAN
MILLEDGE IDEN & HELD
2100 PONCE DE LEON BLVD, SUITE 600
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director (if applicable)

Date of Signature (Applicable to registered agent only)

Date

12. OFFICERS AND DIRECTORS

TITLE	CVT	<input type="checkbox"/> DELETE
NAME	LE, THACH XUAN	
STREET ADDRESS	3701 FT. WORTH AVE	
CITY-STATE-ZIP	ALEXANDRIA VA 22304	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	LE, TUNG XUAN	
STREET ADDRESS	6447 WOODRIDGE RD	
CITY-STATE-ZIP	ALEXANDRIA VA 22312	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LE, PHUONG-TRAM T	
STREET ADDRESS	3813 CHANEL RD	
CITY-STATE-ZIP	ANNANDALE VA 22003	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thach Xuan Le* THACH XUAN LE

4/30/96 (703) 916-0300

CR2E034 (12/95)