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FILED

**Feb 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 22312-2300**

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 6447 WOODRIDGE RD.

Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

2a. Mailing Address

26 6447 WOODRIDGE RD.

Suite, Apt. #, etc.

27
City & State

28
Zip

Country

29

30

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

2/19/97

(703) 916-0300

CR2E034 (9/96)