FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000106058

1. Corporation Name

"VIVIANE" NGOC-PHUONG LE TRAN, P.A.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90160 046 ***150.00



Principal Place	e of Business	Mailing Address			I (Betten) tre fetti reen eens eeist eeist eest	THE MARKET MISTER OF	TIBL GUALIDU IAN IAN
7409 SW 13TH STREET 7409 SW 13TH STREET N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068					DO NOT WRITE IN T	IIQ QDACE	
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					12/17/1997		
2 Principal P	lace of Rusiness	2a. Mailing Address			4. FEI Number Applied For		Applied For
2. Principal Place of Business 21 3300 UNIVERSITY DR 2a. Mailing Address 25 26					65-0803425		
Suite, Apt. #, etc.						\$8.7	5 Additional
22 27					5. Certificate of Status Desired	+	Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be		0 May Be	
23 Copal Spany FC 28				Trust Fund Contribution		Adde	ed to Fees
Zip Zip Zip				8, This corporation owes the current year Intangible Personal Property Tax.		ПМо	
24 3 5 0 (0 5 25 29 30				Personal Property Tax			
	9. Name and Address of Curren	t Registered Agent	81	I Name	10. Name and Address of New Register	su Agent	
TRAN, NGOC-PHUONG LE							
7409 SW 13TH STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
N. L	AUDERDALE FL 33068		83	3			
			84	1 City		. 85 Z	ip Code
ļ			- 1			·L	
l office or n	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was autho	orized by	v the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing pointment as	its registered registered
SIGNATURE							
	Signature, typed or printed name of registered agen			ent signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
TITLE	DPS						ge
NAME	TRAN, NGOC-PHOUNG LE		1.2 NAME				}
STREET ADDRESS	7409 SW 13TH STREET			ET ADDRÉSS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		Chang	ge Addition
TITLE		☐ DELETE	2.1 TITLE			□ Cuan	ge
NAME			2.2 NAME				
STREET ADDRESS	. *			ET ADDRESS			}
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TITLE			4.1 TITLE			[Citali	go [] Addition
NAME			4.2 NAME		• •	•	ļ
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CITY-ST-ZIP			4.4 CITY-			(² 1 Ch	no Daddii-
TITLE		☐ DELETE	5.1 TITLE			□ Chan	ige Addition
NAME	,				•		ļ
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CITY-ST-ZIP			5.4 CITY-				
TITLE			6.1 TITLE			Chan	ige 🗌 Addition
NAME			6.2 NAME				-
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		,	

14. I 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 13tir changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: