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Profit Corporation Annual Report

1997

CHY-SI-ZIP

appears in Block 12 or Block 13 it changed, or on an attachment with an address.

Machinerale THOCH XVAN LE



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500004397 (4)

LETECH INCORPORATED OF VIRGINIA

Principal Place of Business Mailing Address 5400 SHAWNEE RD #202 SAM SHAWNER RD #202 ALEXANDRIA VA 22312-2300 ALEXANDRIA VA 22312 3a. Date of Last Report 3. Date Incorporated or Qualified 09/11/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For GHHT WOODRIDGE RD. Suite, Apt. #, etc. 6447 WOODRIDGE RD. 26 54-1629747 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗹 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name MILLEDGE, ALLAN MILLEDGE IDEN & HELD 82 Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD, SUITE 600 83 **MIAMI FL 33134** 84 City 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 farm liar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) ■ DELETE Change THLE CVT 1.1 TITLE NAME LE. THACH XUAN 1.2 NAME CR2E034 3701 FT. WORTH AVE 1.3 STREET ADDRESS STREET ADORESS **ALEXANDRIA VA 22304** 1.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE TITLE **VCP** 2.1 TITLE LE. TUNG XUAN 2.2 NAME NAME STREET ADDRESS 6447 WOODRIDGE RD 2.3 STREET ADDRESS ALEXANDRIA VA 22312 2. 4 CITY - ST - ZIP COLV - ST- ZIE DELETE Change Addition 3.1 TITLE TOTALE LE. PHUONG-TRAM T 3.2 NAME MALIF STREET ADDRESS 3813 CHANEL RD 3.3 STREET ADDRESS CITY- ST. ZIE ANNANDALE VA 22003 3.4. CITY - ST - ZIP Addition □ DELETE ☐ Change TOLE 4.1 THILE MALIE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIF DELETE Change Addition THILE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP 011Y-51-70° DELETE Addition 6.1 TITLE 1000 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 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. 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