FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N95000005950 (9)

LE/VU FAMILY FOUNDATION, INC.



pg. 10/2

97 AUG 22 AM 8: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	lross				T 14001181 BIG 14161 BINI DONI BACIL BEIN DRIN ADIDI BINA IDIDI BINI BUN 14001						
7550 S.W. 82ND COURT MIAMI FL 33143			7550 S.W. 82ND COURT MIAMI FL 33143-3818								
							11/15/1995	Date of L 05/1			
2. Principal Place of Business 2a.			2e. Mailing Address				4. FEI Number	/	Apı	plied For	
21		26					APPLIED FOR Not Applicable				
Sulte, Apt.	#, etc.	<u></u> ⊢	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	le	City 8	State				6. Election Campaign Financing	\$5	00	Mav Be	
23		28					Trust Fund Contribution			o Fees	
Zip	Country	Zip		Co	untry		8. This corporation has liability for intangi	ble tax ur	der s.	199.032,	
24	25	29		30				□ No			
	9. Name and Address of Curre	nt Registered A	gent		l,		10. Name and Address of New Register	d Agent			
					81	Name					
	MICHAEL J		82 Street Ad			Street	ddress (P.O. Box Number is Not Acceptable)				
701 N.W SUITE 2	V. 57TH AVENUE				83						
	L 33126				\sqcup						
(MIN-194)	F 00 150				84	City	F	85	Zip C	Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Statum familiar with, and accept the obli	02 and 617.1508 e of Florida. Such gations of, Section	, Florida Statut i change was i n 617.0503, Fid	tes, the a authorize orida Sta	above ed by atutes	named the corp	corporation submits this statement for the purposi- poration's board of directors. I hereby accept the a		ging its ent as i	registered registered	
SIGNATURE	Signature, typed or printed name of registered a	nent and title if annicab	e (NOT	F Register	ad Ann	nt signature	required when reinstating) DATI				
12.		ND DIRECTORS	. (101	13.		- R digitatore	ADDITIONS/CHANGES TO OFFICERS A		CTÓRS	S IN 12	
TITLE	D	i i	DELETE	1.1 1	ITLE			☐ Ch	ange	Addition	
NAME	LE, VU M.D.			1.21	MAN	ì					
STREET ADDRESS	10535 CROTHERS RD.			1.3 8	STREET	ADDRESS					
CITY-ST-ZIP	SAN JOSE CA 95127			1.40	CHTY-S	r-zip					
TITLE	D		DELETE	2.1 1	ITLE			☐ Ch	ange	Addition	
NAME	LE, DAO M PHD			2.2 1	IAME						
STREET ADDRESS	7550 S.W. 82ND COURT			2.3 8	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33143			2.4	CITY-S	7-2IP					
TITLE	D		DELETE	311	ITLE			Ch	ange	Addition	
NAME	LE, ANHDAO V M.D.			3.21	NAME						
STREET ADDRESS	15501 BRUCE B. DOWNS B	LVD., #3907		3.3 9	STREET	address					
CITY-ST-ZIP	TAMPA FL 33647			3.4.	CITY-S	<u>1-2iP</u>					
TITLE			DELETE	4.1]	ITLE			Ch	ange	Addition	
NAME				4, 2	NAME	}					
STREET ADDRESS				4.3 9	STREET	ADDRESS		1/11.	, \		
CITY-ST-ZIP				4.4 (ITY-SI	í-ZIP	(1. a	LU	<u>. </u>		
TITLE			DELETE	5.1 Ţ	ITLE			/ 口吻	ange	Addition	
NAME				5.2 N	IAME		arkappa' .	1221	14		
STREET ADDRESS				5.3 9	STREET	address	D 10 1 1 01	ur	7.7		
CITY-ST-ZIP				5.4 0	ITY-\$1	r- ZIP	Prun densit				
TITLE			DELETE	6.1 T			J (16) 10	Ch	ange	Addition	
NAME				6.2 N	NAME	}	(4P . // OC				
STREET ADDRESS				6,3 \$	TREET	address	<i>"</i> .				
CITY-ST-ZIP				6.4 (HTY-SI	r-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 trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on the attachment with an address.

pg.2012

7550 South West 82° Court Miami, Florida 33143-3818 - USA Tel 305-279-9713 Fax 305-271-9151 Voice mail: 305-271-6361 E-mail: lemaudao@msn.com

LE/VU FAMILY FOUNDATION, INC.

July 31,1997

Division of Corporation Annual Report Section P.O. Box 1500 Tallahassee, FL. 32302-1500

RE: Application of duplicate payment in 1996 to 1997.

Dear Sir or Madame,

Review of banking account, we revealed that we have paid twice in 1996 as follows:

- . Check # 5369 dated April 25, 1996 in an amount of \$61.25
- . Check # 5388 dated June 6,1996 in an amount of \$70.00 (copies attached).

May we request that the duplicate payment be applied towards 1997? Please advise us your decision. Thank you for your cooperation in this matter.

Sincerely,

Dr. DAO M. LE Executive Director

Enclosures