

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OCTOBER 1, 1998, IF THE AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 19 AM 11:22

SECRETARY OF STATE



DOCUMENT # **N95000005950 (9)**

1. Corporation Name

LE/VU FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

7550 S.W. 82ND COURT
MIAMI FL 33143

7550 S.W. 82ND COURT
MIAMI FL 33143

3. Date Incorporated or Qualified

11/15/1995

4. FEI Number

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORA, MICHAEL J
701 N.W. 57TH AVENUE
SUITE 200
MIAMI FL 33126

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 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐ DELETE

NAME **LE, VU M.D.**
STREET ADDRESS **10535 CROTHERS RD.**
CITY-ST-ZIP **SAN JOSE CA 95127**

TITLE **D** ☐ DELETE

NAME **LE, DAO M PHD**
STREET ADDRESS **7550 S.W. 82ND COURT**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ DELETE

NAME **LE, ANHDAO V M.D.**
STREET ADDRESS **15501 BRUCE B. DOWNS BLVD., #3907**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Signature** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 24, 1998 **205-271-6361**
Date Daytime Phone #

0005215

CR2E037 (5/98)

OCT-16-98 FRI 8:51

#

FAX NO. 0

P. 02

Form **SS-4****Application for Employer Identification Number**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) CE/VH FOUNDATION, INC.		3 Executor, trustee, "care of" name DAO M. LE, Trustee	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b) Source	
4a Mailing address (street address) (room, apt., or suite no.) 7550 SW 82nd CT.		5b City, state, and ZIP code	
4b City, state, and ZIP code Miami, FL 33143		6 County and state where principal business is located DADE	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 586-50-2089 DAO M. LE			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) ▶ Nat'l prof'l foundation <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Other corporation (specify) ▶ <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization	
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country	
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶		<input checked="" type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Other (specify) ▶	
10 Date business started or acquired (Mo., day, year) (See instructions.) NOV. 15, 1995		11 Closing month of accounting year (See instructions.) Dec. 31, 199X (No activity yet)	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (See instructions.)		Nonagricultural	Agricultural
14 Principal activity (See instructions.) ▶ Education, Research, Charitable		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A	
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.)

DAO M. LE, Trustee

Business telephone number (include area code)

305-271-6361

Fax telephone number (include area code)

305-271-9151

Signature ▶

Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo

Ind.

Class

Size

Reason for applying