

07221999-90002-029-\$150.00-\$150.00

399.

AMOUNT DUE ON OR BEFORE 07/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$150)

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000058669**

1. Corporation Name

THI THANH LOAN LE, INC.

Principal Place of Business

6672 N.W. 57TH STREET  
TAMARAC FL 33319

Mailing Address

6672 N.W. 57TH STREET  
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1996

4. FEI Number

65-0682712

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 owes the current year  
 Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

 LE, THI THANH LOAN  
 2548 N.W. 79 AVENUE  
 MARGATE FL 33063

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 ☐ DELETE  
 NAME D  
 STREET ADDRESS LE, THI THANH LOAN  
 CITY-ST-ZIP 2548 N.W. 779 AVENUE  
 MARGATE FL 33063

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 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 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THI THANH LOAN LE

Date

7/14/99

Daytime Phone #

954-775-0573

CR2E034 (5/99)

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90002 029 \*\*\*150.00

607639-90002-22  
Doc# P96000058669

THI THANH LOAN LE, INC

6672 N.w. 57th Street

Tamarac, Fl 33319

July 14, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, Fl 32302-1500

Re: P96000058669

This is a request abatement of late filing fees.

We did not receive the first notice. We just received this "2nd Notice" last week. After checking the address on this report, we found all information is correct. I do not understand why we did not receive the first notice. We would have taken care of this immediately if we had received it just like we do for this notice.

Please accept my check in the amount of \$150.00 for filing fees.

Sincerely,



Thi Thanh Loan Le  
President