FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001519053
-06/21/95--01036--018
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000347 (4)

1. Corporation Name
TURKS & CAICOS ASSOCIATION INC.

Principal Place of Business	Mailing Address
16410 NW 37TH COURT MIAMI FL 33054	16410 NW 37TH COURT MIAMI FL 33054

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: N/A
4. FEI Number: 65 0463589 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 16410 NW. 37TH COURT	26 16410 NW 37TH COURT
Suite, Apt. #, etc. 22 OFFICE SUITE A	Suite, Apt. #, etc. 27 OFFICE SUITE A
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33054 Country 25 USA	Zip 29 33054 Country 30 USA

9. Name and Address of Current Registered Agent

SMITH, EDWARD E
16410 NW 37TH COURT
MIAMI FL 33054

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed 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		
TITLE	PD	11 TITLE	IMMEDIATE PAST PRESIDENT, DIRECTOR	☒ Change ☐ Addition
NAME	SWANN, CLAUDE	12 NAME	CLAUDE SWANN	
STREET ADDRESS	1465 NW 192NED ST.	13 STREET ADDRESS	1465 N.W. 192 ST	
CITY-ST-ZIP	MIAMI FL 33054	14 CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	21 TITLE	PRESIDENT DIRECTOR	☒ Change ☐ Addition
NAME	SMITH, EDWARD E	22 NAME	EDWARD E SMITH	
STREET ADDRESS	16410 NW 37TH CT.	23 STREET ADDRESS	16410 N.W. 37TH COURT	
CITY-ST-ZIP	MIAMI FL 33154	24 CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	ARIZA, LAURIE	32 NAME		
STREET ADDRESS	15901 SW 102ND AVE.	33 STREET ADDRESS	OK No Change	
CITY-ST-ZIP	MIAMI FL 33157	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DIAZ, ELIZABETH	42 NAME	DENISE SIMONS	
STREET ADDRESS	12235 NW 18TH CT.	43 STREET ADDRESS	1880 NW 142 ST	
CITY-ST-ZIP	MIAMI FL 33167	44 CITY-ST-ZIP	MIAMI FL 33054	
TITLE	VTD	51 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ACCIUS, AVERYL	52 NAME	NOEL ROBERTS JR	
STREET ADDRESS	220 NE 175TH ST.	53 STREET ADDRESS	700 W 77 ST	
CITY-ST-ZIP	MIAMI FL 33162	54 CITY-ST-ZIP	Hialeah FL 33014	
TITLE	VSD	61 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	SAUNDERD, THERESA	62 NAME	ANTHONY SIMONS	
STREET ADDRESS	8101SW 72ND AVE.	63 STREET ADDRESS	15845 RETURNED BY MAY 1	
CITY-ST-ZIP	MIAMI FL 33143	64 CITY-ST-ZIP	MIAMI FL 33054	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ EDWARD E SMITH May 5, 95 1-305-621 8153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003200

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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-06/21/95--01100--014
****138.75 ****138.75

DOCUMENT # N94000000453

1. Corporation Name

Mainstreaming Plus, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4688 NW 183 Street	Same as Left.

3. Date Incorporated or Qualified: 01/28/94
3a. Date of Last Report: 01/28/94
4. FEI Number: 65-0465829 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33056 / Country 25 USA	Zip 29 33056 / Country 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: RICHARD DANSOH
	82 Street Address (P.O. Box Number is Not Acceptable): 2800 Biscayne Boulevard
	83 Suite: 900
	84 City: Miami FL 85 Zip Code: 33137

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: Richard Dansoh, Richard Dansoh, Attorney — 04/25/1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert E Blake 1541 SW 119 Avenue Pembroke Pines, FL 33025	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director Henry Aghina 9625 SW 148 Place Miami, FL 33196	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Benjamin B Cowins, Sr. 19410 NW 17 Avenue Miami, FL 33056	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director Augustine Ajagbe 9505 SW 136 Street Miami, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary and Director Venghan Tang 8401 SW 107 Avenue, #254E Miami, FL 33173	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer and Director Shirley Gibson 251 NW 196 Street Miami, FL 33169	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President and Director Annabel Brewster 9747 SW 134 Terrace Miami, FL 33176	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	REMITTED BY MAY 1	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Chairman and Director Dr. Emmanuel Nwadike 12938 SW 133 Court Miami, FL 33186	☐ Change ☒ Addition 10/20/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

SIGNATURE: Annabel Brewster, Annabel Brewster — 04/25/95 — (305) 232-7292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #