

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000000453 (0)

1. Corporation Name

MAINSTREAMING PLUS, INC.



Principal Place of Business

4688 NW 183 STREET  
MIAMI FL 33055

Mailing Address

4688 NW 183 STREET  
MIAMI FL 33055

3. Date Incorporated or Qualified  
01/28/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 56-2124

27 Suite, Apt. #, etc.

28 City & State

29 Miami, Florida

30 Zip

31 Country

32 USA

4. FEI Number  
65-0465829

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DANSON, RICHARD  
2800 BISCAYNE BOULEVARD  
SUITE 900  
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

Dick Lee, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

3250 Mary Street

83

Suite 202

84 City

Coconut Grove

FL

85 Zip Code

33133

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

4-26-96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME AGHINA, HENRY  
STREET ADDRESS 9625 SW 148 PLACE  
CITY-ST-ZIP MIAMI FL 33196

TITLE D ☒ DELETE  
NAME AJAGBE, AUGUSTINE  
STREET ADDRESS 9505 SW 136 STREET  
CITY-ST-ZIP MIAMI FL 33176

TITLE SD ☐ DELETE  
NAME TANG, VENGHAN  
STREET ADDRESS 8401 S.W. 107TH AVE. #254E  
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☐ DELETE  
NAME GIBSON, SHIRLEY  
STREET ADDRESS 251 N.W. 196 ST  
CITY-ST-ZIP MIAMI FL 33169

TITLE PD ☐ DELETE  
NAME BREWSTER, ANNABEL  
STREET ADDRESS 9747 S.W. 134 TERRACE  
CITY-ST-ZIP MIAMI FL 33176

TITLE CD ☒ DELETE  
NAME NWADIKE, EMANUEL  
STREET ADDRESS 12938 SW 133 COURT  
CITY-ST-ZIP MIAMI FL 33186

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annabel Brewster, President 04/26/96 (305) 994-0502

Date

Daytime Phone #

CR2E037 (12/95)