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FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**P. O. BOX 56-2124
MIAMI FL 33256-2124
US**3. Date Incorporated or Qualified
01/28/19943a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 17635 NW 27 Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0465829

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

City & State

23 Miami, FL

City & State

286. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**

Zip

24 33056

Country

Zip

29

Country

308. 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

**DICK LEE, ESQ.
3250 MARY STREET
SUITE 202
COCONUT GROVE FL 33133**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **TANG, VENGHAN**
STREET ADDRESS **8401 S.W. 107TH AVE. #254E**
CITY-ST-ZIP **MIAMI FL 33173**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **GIBSON, SHIRLEY**
STREET ADDRESS **251 N.W. 196 ST**
CITY-ST-ZIP **MIAMI FL 33169**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **PD** ☐ DELETE
NAME **BREWSTER, ANNABEL**
STREET ADDRESS **9747 S.W. 134 TERRACE**
CITY-ST-ZIP **MIAMI FL 33176**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Henry Aghina**
4.3 STREET ADDRESS **9625 NW 148 Place**
4.4 CITY-ST-ZIP **Miami, FL 33196**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Richard Williams**
5.3 STREET ADDRESS **575 Crandon Boulevard, #912**
5.4 CITY-ST-ZIP **Miami, FL 33149**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Chairperson Director**
6.3 STREET ADDRESS **Dr. Emmanuel Nwadike**
6.4 CITY-ST-ZIP **12938 SW 133 Court**
Miami, FL 33186

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 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: *Annabel Brewster* **Annabel Brewster**

1/9/97

(305) 994-0502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034067

CR2E037 (9/96)