1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400000453

1. Corporation Name

MAINSTREAMING PLUS, INC.

Princip	oal F	Plac	e o	f Bu	sine
17635	NW	27	AVI	ENUE	:
MIAMI	FE	220	56		

Mailing Address
P. O. BOX 56-2124
MIAMI FL 33256

## FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90011 021 \*\*\*\*70.00



US US	<b>x</b> 0	US							
	lace of Business	2a. Mailing Address	<del></del> —		<del>_</del>	3. Date Incorporated or Qualif	fed		
<u></u> -	450 NW 76 Street	26			<del></del>	01/28/1994 4. FEI Number	·		oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				65-0465829		<u> </u>	ot Applicable
City & Stat		City & State	<u> </u>						Additional
— ' ν	∄ami, FL	28	n * .			5. Certificate of Status Desired	1 180		equired
23	Country	Zip	Countr	ry		6. Election Campaign Financi	na _	\$5.00	May Re
25 Miami-Dade 29			30			Trust Fund Contribution	a 🛚	Added	
	9. Name and Address of Current				10. Name and Address of Ne	w Registered	Agent		
			8	1	Name				
DICK LEE	FSO		8:	12 Street Address (P.O. Box Number is Not Acceptable)					
_	RY STREET			1	_	test Address (F.O. Box Huttiber is Not Acceptable)			
SUITE 202			8	3		· · · · · · · · · · · · · · · · · · ·		, , ,	
	T GROVE FL 33133		8-	4	City	<del></del>	·	85 Zip	Code
			[ ]	1	- •		FI	<b>_</b>   <sup>-</sup>	
agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State or im familiar with, and accept the obligation	f Florida. Such change was at ons of, Section 617.0503, Flor	uthorized by	y th	he corporation	n's board of directors. I hereby ac	cept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registerød Ag	ent s	signature required		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	ED	☐ DELETE	1.1 TITLE					` Change	Addition
NAME	TANG, VENGHAN		1.2 NAME	Ξ		•	•		
STREET ADDRESS	8401 S.W. 107TH AVE. #254E		1.3 STRE	ETA	ADDRESS			i	
CITY-ST-ZIP	MIAMI FL 33173		1.4 CMY-		ZIP				- A 4400
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	GIBSON, SHIRLEY		2.2 NAME	Ē					
STREET ADDRESS	251 N.W. 196 ST		2.3 STRE	ETA	ADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33169		2. 4 CITY		-ZIP			Change	Addition
TITLE	PD	☐ DELETE	3.1 TITLE					Change	C3 Addition
NAME	BREWSTER, ANNABEL		3.2 NAME						•
STREET ADDRESS					ADDRESS	,			
CITY-ST-ZIP	MIAMI FL 33176	☐ DELETE	3.4. CITY-		-ZIP			☐ Change	☐ Addition
TITLE	S	☐ DETE!E	4.1 TITLE		Į			[_] Ollango	
NAME	AGHINA, HENRY		4. 2 NAM	_	************				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	MIAMI FL	DELETE	4.4 CITY- 5.1 TITLE		- 417			☐ Change	Addition
	D VAR GEORGE	- December 1	5.2 NAME						<del>-</del> .
NAME STREET ADDRESS	YAP, GEORGE 2450 NW 75 STREET				ADDRESS				
	MIAMI FL 33147		5.4 CITY-						
CITY-ST-ZIP	CD	☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME	NWADIKE, EMMANUEL		6.2 NAME			· ·			_ `
					ADDRESS			,	
STREET ADDRESS	12938 SW 133 COURT		6.4 CITY-		l l		•	,	•
CHASTAR	: RRIMARK CI		# v.~ v ( -	•	- (				

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 a participant with an address, with all other like empowered.

SIGNATURE:

CHAPATURE RESCONTE

2/25/99

Date

305.251.6961.

Daytime Phone #