

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 # 736760 (0)

1. Corporation Name

THE BANYANS OF SOUTH MIAMI, INC.



Principal Place of Business Mailing Address
C/O LAND CAP PROP. SERV.
12000 SW 114 PLACE
MIAMI FL 33176
US

3. Date Incorporated or Qualified 09/07/1976	3a. Date of Last Report 03/24/1995
4. FEI Number 59-1923336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

SKRLD, INC
201 ALHAMBRA CIR
STE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	GERALD SIMON
82 Street Address (P.O. Box Number is Not Acceptable)	LAND CAP PROPERTY SERVICES
83	12000 SW 114 PLACE
84 City	MIAMI
85 Zip Code	FL 33176

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 (Applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	PINCUS, JAMES
STREET ADDRESS	6651 SW 70 LANE
CITY-ST-ZIP	SOUTH MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	ROBINSON, RONALD
STREET ADDRESS	6660 SW 70 TERRACE
CITY-ST-ZIP	SOUTH MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	FRETZ, RUDY
STREET ADDRESS	6611 SW 71 LANE
CITY-ST-ZIP	SOUTH MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KELLY, MITCH
STREET ADDRESS	7075 SW 67 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BINKOW, MICHAEL
STREET ADDRESS	6650 SW 70 TERR
CITY-ST-ZIP	SOUTH MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVID BROWN
13 STREET ADDRESS	6650 SW 71 lane
14 CITY-ST-ZIP	SOUTH MIAMI, FL
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RONALD ROBISON
23 STREET ADDRESS	6660 SW 70 TERR
24 CITY-ST-ZIP	SOUTH MIAMI, FL
31 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RUDY FRETZ
33 STREET ADDRESS	6611 SW 71 LANE
34 CITY-ST-ZIP	SOUTH MIAMI, FL
41 TITLE	D/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MITH KELLY
43 STREET ADDRESS	7075 SW 67 AVE
44 CITY-ST-ZIP	MIAMI, FL
51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BERT RUDICK
53 STREET ADDRESS	6680 SW 70th Lane
54 CITY-ST-ZIP	SOUTH MIAMI, FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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

DATE

Daytime Phone #

CR2E037 (12/95)