

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

C/O LAND CAP PROP. SERV.
12000 SW 114 PLACE
MIAMI FL 33176-4412
US

3. Date Incorporated or Qualified
09/07/1976

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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LAND CAP

LAND CAP

23

28

PROPERTY SERVICES, INC.

PROPERTY SERVICES, INC.

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13800 SW 144 Ave Road
Miami, FL 33186

13800 SW 144 Ave Road
Miami, FL 33186

4. FEI Number

59-1923336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

SIMON, GERALD
LAND CAP PROPERTY SERVICES
12000 SW 114 PLACE
MIAMI FL 33176

81 Name

82 Street Address (P.O. Box and/or R.F.D. acceptable)

83

LAND CAP
PROPERTY SERVICES, INC.
13800 SW 144 Ave Road
Miami, FL 33186

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	PD	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	6650 SW 71 LANE	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, RONALD	
STREET ADDRESS	6660 SW 70 TERRACE	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FRETZ, RUDY	
STREET ADDRESS	6611 SW 71 LANE	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	DTD	<input type="checkbox"/> DELETE
NAME	KELLY, MITCH	
STREET ADDRESS	7075 SW 67 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDICK, BERT	
STREET ADDRESS	6680 SW 70TH LANE	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033040

CR2E037 (9/96)