NONPROFIT CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

565820

## DOCUMENT # 736760 1. Corporation Name

THE BANYANS OF SOUTH MIAMI, INC.

Principal Place of Business
C/O THE FOSTER CO.
12394 SW 82 AVE.
MIAMI FL 33156
US

21

2. Principal Place of Business

Mailing Address

C/O THE FOSTER CO. 12394 SW 82 AVE. MIAMI FL 33156

2a. Mailing Address 26 POBOX

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## **FILED** Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90024 007 \*\*\*\*61.25

	i arbii bidii arbii bidii bid

3. Date Incorporated or Qualifed 09/07/1976

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<sup>4</sup> FEI Number <b>59-1923336</b>	<u> </u>	plied For Applicable
City & Stat		City & State	<u> </u>			\$8.75	
23	<del>0</del>	28 MIAMI	FC.		5. Certifcate of Status Desired	Fee Re	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	· .
24	25	29 33256 - 5828 3	30 U	<u>s A</u>	Trust Fund Contribution	Added t	o Fees
	9. Name and Address of Current	Registered Agent		T.,	10. Name and Address of New Registered	Agent	
			81	Name	*		, <u> </u>
SCOTT, J	OSEPH		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
C/O THE FOSTER CO.			·				
12394 SW	/ 82 AVE.		83				`
MIÁMI FL	33156		84	City	FI	85 Zip 0	ode
44	047.0500	4 647 4509. Elorido Statutos	the above	a named cor	rporation submits this statement for the purpose o	t changing its	registered
office or r	egistered agent or both in the State of	i Fionda. Such change was aut	inorizea by	the corporat	tion's board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	da Statutes	<b>3.</b>	,	· · · · · //	
SIGNATURE		and title if positionals (NOTE: E	Pagistered Age	nt signature requir	red when reinstating) DATE	<u> </u>	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	and an and an	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	SD	☐ D€LETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MILLER, FRANK		1.2 NAME	ĺ		*:	
STREET ADDRESS	6641 SW 70 LANE		1.3 STREE	TADORESS	· · ·		
	MIAMI FL 33143		1.4 CITY-5			-	
CITY-ST-ZIP	VPD	DELETE	2.1 TITLE	1	VPD	Change	Addition
NAME	ROBINSON, RONALD	<b>)</b> , ·	2.2 NAME		Gustavo Fernandez 7055 SW67 AVE		
STREET ADDRESS:	6660 SW 70 TERRACE		2.3 STREE	TADDRESS	7055 SW 67 AVE		
CITY-ST-ZIP	SOUTH MIAMI FL 33143		2.4 CITY-	ST-ZIP	Miami Fl .33/43		. :
TITLE	PD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	FRETZ, RUDY		3.2 NAME		•		
STREET ADDRESS	6611 SW 71 LANE		3.3 STREE	TADORESS			
CITY-ST-ZIP	SOUTH MIAMI FL 33143		3.4. CITY-	ST-ZIP	<u> </u>		
TITLE	TD	☐ DELETE	4.1 TITLE	, L		Change	☐ Addition
NAME	MITCHELL, KELLY		4. 2 NAME				~~ ·
STREET ADDRESS	7075 SW 67 AVE		4.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY-5	IT-ZIP			COT A date:
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition
NAME	BINKOV, MICHAEL		5.2 NAME				•
STREET ADDRESS	6680 SW 70 LANE			TADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33143	_ <u></u>	5.4 CITY-5	ST-ZIP			□ Addition
TITLE		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS		,	
CITY-ST-ZIP			6.4 CITY-5				
<b>77</b>		12 1 610   1 4 10E . Com !	the avenue	ion stated in	Section 119.07(3)(i), Florida Statutes, I further co	entify that the is	าเดเทลมเดก

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 of 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 changes, or an adaptment with an address, with all other like empowered.

SIGNATURE:

SHUTATURE REQUIRED

305/665-5576.