FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:22

DOCUMENT # 736760 (0)

1. Corporation Name
THE BANYANS OF SOUTH MIAMI, INC.

Principal Place of Business	Mailing Address
C/O S FLORIDA MGT SERVICE 9990 SW 77TH AVE #330 MIAMI FL 33156	WHITE PICKET FINCE 7900 RED ROAD, SUITE 9 MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1976
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1923336 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O LAND CAP PROP.SERV.	26 LAND CAP PROP.SERV.
Suite, Apt. #, etc. 22 12000 SW 114 PLACE	Suite, Apt. #, etc. 27 12000 SW 114 PLACE
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33176 Country 25	Zip 29 33176 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	BINKOW, MICHAEL	1.2 NAME	JAMES PINCUS	
STREET ADDRESS	6650 SW 70 TERRACE	1.3 STREET ADDRESS	6651 SW 70 LANE	
CITY-ST-ZIP	SOUTH MIAMI FL	1.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, RONALD	2.2 NAME		
STREET ADDRESS	6660 SW 70 TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	RUDICK, BERT	3.2 NAME	RUDY FRETZ	
STREET ADDRESS	6680 SW 70 LANE	3.3 STREET ADDRESS	6611 SW 71 LANE	
CITY-ST-ZIP	SOUTH MIAMI FL	3.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, MITCH	4.2 NAME		
STREET ADDRESS	7075 SW 67 AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FREEMAN, YALE T	5.2 NAME	MICHAEL BINKOV	
STREET ADDRESS	6640 SW 70 TERRACE	5.3 STREET ADDRESS	6650 SW 70 Terr	
CITY-ST-ZIP	SOUTH MIAMI FL	5.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #