

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 C/O LAND CAP PROP. SERV. 12000 SW 114 PLACE MIAMI FL 33176 US		Mailing Address C/O LAND CAP PROP. SERV. 12000 SW 114 PLACE MIAMI FL 33176 US	
2. Principal Place of Business		3a. Date of Last Report 03/24/1995	
21. Suite, Apt. #, etc.		4. FEI Number 59-1923336	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		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	
30. Country		30. Country	

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. FL		85. Zip Code 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]* (NOTE: Registered Agent Signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	11 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINCUS, JAMES	12 NAME	DAVID BROWN
STREET ADDRESS	6651 SW 70 LANE	13 STREET ADDRESS	6650 SW 71 lane
CITY-ST-ZIP	SOUTH MIAMI FL	14 CITY-ST-ZIP	SOUTH MIAMI, FL
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, RONALD	22 NAME	RONALD ROBISON
STREET ADDRESS	6660 SW 70 TERRACE	23 STREET ADDRESS	6660 SW 70 TERR
CITY-ST-ZIP	SOUTH MIAMI FL	24 CITY-ST-ZIP	SOUTH MIAMI, FL
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRETZ, RUDY	32 NAME	RUDY FRETZ
STREET ADDRESS	6611 SW 71 LANE	33 STREET ADDRESS	6611 SW 71 LANE
CITY-ST-ZIP	SOUTH MIAMI FL	34 CITY-ST-ZIP	SOUTH MIAMI, FL
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	D/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MITCH	42 NAME	MITH KELLY
STREET ADDRESS	7075 SW 67 AVE	43 STREET ADDRESS	7075 SW 67 AVE
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINKOW, MICHAEL	52 NAME	BERT RUDICK
STREET ADDRESS	6650 SW 70 TERR	53 STREET ADDRESS	6680 SW 70th Lane
CITY-ST-ZIP	SOUTH MIAMI FL	54 CITY-ST-ZIP	SOUTH MIAMI, FL
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: **3/20/96** DAYTIME PHONE #: **446-1657**

CR2E037 (12/95)