

FILE NOW: FILING FEE IS \$61.25

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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. C/O LAND CAP PROP. SERV.
12000 SW 114 PLACE 12000 SW 114 PLACE
MIAMI FL 33176 MIAMI FL 33176-4412
US 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 LAND CAP 27 LAND CAP
23 PROPERTY SERVICES, INC. 28 PROPERTY SERVICES, INC.
13800 SW 144 Ave Road 13800 SW 144 Ave Road
Miami, FL 33186 Miami, FL 33186
24 29 30

4. FEI Number 59-1923336 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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 PO Box not acceptable)
83 LAND CAP PROPERTY SERVICES, INC.
13800 SW 144 Ave Road
84 City Miami, FL 85 Zip Code 33186

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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID	1.2 NAME	
STREET ADDRESS	6650 SW 71 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRETZ, RUDY	3.2 NAME	
STREET ADDRESS	6611 SW 71 LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDICK, BERT	5.2 NAME	
STREET ADDRESS	6680 SW 70TH LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

2/10/97
Date

Daytime Phone # 0033040

CR2E037 (9/96)