

FILE NOW: FILING FEE IS \$61.25

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

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

0030390

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736760**

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

1 2 4 8 7 5 \*  
 124875 - 90024 - 7

Principal Place of Business C/O THE FOSTER CO. 12394 SW 82 AVE. MIAMI FL 33156 US	Mailing Address C/O THE FOSTER CO. 12394 SW 82 AVE. MIAMI FL 33156 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>PO Box 565820</b>	3. Date Incorporated or Qualified <b>09/07/1976</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-1923336</b>
City & State 23	City & State <b>Miami FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>SCOTT, JOSEPH C/O THE FOSTER CO. 12394 SW 82 AVE. MIAMI FL 33156</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ 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 <b>SD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, FRANK</b>		1.2 NAME	
STREET ADDRESS <b>6641 SW 70 LANE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33143</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROBINSON, RONALD</b>		2.2 NAME <b>Gustavo Fernandez</b>	
STREET ADDRESS <b>6660 SW 70 TERRACE</b>		2.3 STREET ADDRESS <b>7055 SW 67 AVE</b>	
CITY-ST-ZIP <b>SOUTH MIAMI FL 33143</b>		2.4 CITY-ST-ZIP <b>Miami, FL 33143</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRETZ, RUDY</b>		3.2 NAME	
STREET ADDRESS <b>6611 SW 71 LANE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SOUTH MIAMI FL 33143</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MITCHELL, KELLY</b>		4.2 NAME	
STREET ADDRESS <b>7075 SW 67 AVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33143</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BINKOV, MICHAEL</b>		5.2 NAME	
STREET ADDRESS <b>6680 SW 70 LANE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33143</b>		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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. [Signature] **SIGNATURE REQUIRED**      1/17/99      305/665-5876

CR2E037 (1/1/98)