## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT**  CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # p96000062127

BANYAN TELECOM, INC. Mailing Address Principal Place of Business "SAME" 1625 NORTHEAST FIFTH COURT FORT LAUDERDALE, FL 1029 S.E. 13th TERRACE 3. Date Incorporated or Qualified . 3a. Date of Last Report 05/01/1996 FORT LAUDERDALE, FL 33314 10/01/96 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 21 65-0693011 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country Zip 8. This corporation has liability for intangible tax under s. 199,032, xxx Yes ☐ No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Anthony M. Landino Street Address (P.O. Box Number is Not Acceptable) Robbins and Landino, P.A. 4901 NW 17th Way - Suite 305 83 Fort Lauderdale, FL 33309 84 City Zip Code 11. Pursuant to the previsions 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) the types for protest rail out frequilered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE DELE President 1.2 NAME Karelina Benevento 1.3 STREET ADDRESS STREET ALT IRLESS. 1029 SE 13th Terrace Ft. Lauderdale, FL 33316 1.4 CITY - ST- ZIP CITY-ST ZIE 2.1 DTLE Change Addition SHILE 22 NAME NAM 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP OTY-51 703 \_\_\_ Change DELETE 3.1 TITLE Addition 940 3.2 NAME NAMi 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY DELETÉ Addition 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS SMILL ADDRESS 4 4 CITY - ST - 71P (0.2)DELETE 5.1 TILE Ħ,i 5.2 NAME I. Wi 5.3 STREET ADDRESS STREET ADDRESS

14. To a hereby cert by 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 are an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brook 12 or Block 13 if changed, or on an attack remission address.

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

64 C/TY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

III.

1, :M:

CITY ST 701

\*\*\*165.00

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FILED

Apr 29 1997 8:00am

Secretary of State