

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14767 (0)
 1. Corporation Name
GUILD FOR INTERNATIONAL PIANO COMPETITIONS, INCORPORATED



Principal Place of Business 313 CRANESNEST WAY WEST PALM BEACH FL 33401	Mailing Address 313 CRANESNEST WAY WEST PALM BEACH FL 33401-6417
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3. Date Incorporated or Qualified 05/12/1986	3a. Date of Last Report 02/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2670372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FINLEY, CHANDLER
 1645 PALM BEACH LAKES #300
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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	P D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, JOHN	1.2 NAME	
STREET ADDRESS	313 CRANESREST WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33401	1.4 CITY-ST-ZIP	
TITLE	T D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCENTALES, EDUARDO	2.2 NAME	
STREET ADDRESS	209 AVILA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL 33405	2.4 CITY-ST-ZIP	
TITLE	S D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, ALVA G	3.2 NAME	
STREET ADDRESS	44 COCOANUT ROW	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL 33480	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIN, MIRIAM	4.2 NAME	
STREET ADDRESS	2560 S OCEAN	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL 33480	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, MARION	5.2 NAME	
STREET ADDRESS	4090 GEM LAKE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN RIDGE FL 33406-3254	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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4-3-97** (521) 933-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038281

CR2E037 (9/96)