FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M32039

1. Corporation Name

PIANO CORP.

600001718936

Principal Place of Business / Mailing Address

~~1622 Ponce de Leon~~
~~Coral Gables, Florida~~

3. Date Incorporated or Qualified: 05/08/86	3a. Date of Last Report: 04/24/95
2. Principal Place of Business: 21 233 Aragon	2a. Mailing Address: 26 233 Aragon
4. FEI Number: 59-2675744	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State: 23 Coral Gables, Florida	City & State: 28 Coral Gables, Florida
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip: 24 33134 / Country: 25 USA	Zip: 29 33134 / Country: 30 USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

F. Michael Steffens
~~2512 Columbus Boulevard~~
~~Suite 215~~
~~Coral Gables, Florida 33134~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 233 Aragon

83

84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P/T~~	☐ DELETE	11 TITLE	D/P/T	☒ Change ☐ Addition
NAME	~~F. Michael Steffens~~		12 NAME	F. Michael Steffens	
STREET ADDRESS	~~2512 Columbus Boulevard~~		13 STREET ADDRESS	233 Aragon	
CITY-ST-ZIP	~~Coral Gables, Florida~~		14 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	~~V/S/D~~	☐ DELETE	21 TITLE	V/S/D	☒ Change ☐ Addition
NAME	~~Joe Murguido~~		22 NAME	Joe Murguido	
STREET ADDRESS	~~810 Santiago~~		23 STREET ADDRESS	233 Aragon	
CITY-ST-ZIP	~~Coral Gables, Florida~~		24 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

CME 2/20/96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. Michael Steffens, President 01/31/96 305/444-0528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #