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May 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37514** (9)  
1. Corporation Name  
**THE INTERNATIONAL INSTITUTE OF VOCAL ARTS, INC.**



Principal Place of Business <b>365 WEST END AVE. #9D NEW YORK NY 10024 US</b>	Mailing Address <b>P.O. BOX 30401 PORT AUTHORITY STATION NEW YORK NY 10111 US</b>
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3. Date Incorporated or Qualified

**04/09/1990**

4. FEI Number

**59-3014602**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** **365 West End Ave**

Suite, Apt. #, etc.

**27** **#9D**

**28** **New York, NY**

City & State

Zip

**29** **10024**

Country

**30** **US**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**GUAGLIARDO, RICHARD  
1920 W CLUSTER  
TAMPA FL 33604**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P**  
**ALEXANDER, ELLEN**  
**385 W END AVE, APT 9D**  
**NEW YORK NY**

TITLE ☐ DELETE

**V**  
**DUNN, MIGNON**  
**385 W END AVE, APT 11F**  
**NEW YORK NY**

TITLE ☐ DELETE

**S**  
**MONROE, ANNETTA**  
**5232 MAPLE HILL DR**  
**TEMPLE TERRACE FL**

TITLE ☐ DELETE

**T**  
**REYNOLDS, JERALD**  
**11723 PRIMROSE LN**  
**TEMPLE TERRACE FL**

TITLE ☐ DELETE

**D**  
**GENTILESCA, FRANCO**  
**2109 BROADWAY #1410**  
**NEW YORK NY**

TITLE ☐ DELETE

**D**  
**BEST, RICHARD**  
**701 W ELM STR**  
**CARBONDALE IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*William Madenoff - Director, May 1, 1998 212-874-8112*

CR2E037 (10/97)