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02-08-1999 90002 016 *****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003133

1. Corporation Name
THE PERFORMING ARTS INSTITUTE, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131	6107 SW 49TH ST MIAMI FL 33155 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/12/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0781185 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DE ACHA, KIMBERLY D
6107 S.W. 49TH ST.
MIAMI FL 33155

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 _____ 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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE ACHA, KIMBERLY D		1.2 NAME		
STREET ADDRESS	C/O 6107 S.W. 49TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALT, DAVID		2.2 NAME		
STREET ADDRESS	C/O 6107 S.W. 49TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		2. 4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DE ACHA, RAFAEL		3.2 NAME		
STREET ADDRESS	C/O 6107 S.W. 49TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT H		4. 2 NAME		
STREET ADDRESS	701 BRICKELL AVE., STE. 3000		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, LUCINDA A		5.2 NAME		
STREET ADDRESS	701 BRICKELL AVE., STE. 3000		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, PATRICIA M		6.2 NAME		
STREET ADDRESS	701 BRICKEL AVE., STE. 3000		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		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: SIGNATURE REQUIRED 1/10/99 305-662-8023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)