가LE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT 1999



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

DOCUMENT # 1. Corporation Name

P96000021396

THE PIANIST, INC

FILED
Apr 29, 1999 8:00 am
Secretary of State
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04-29-1999 90114 035 ***150.00

·					
Principal Place of Business	Mailing Address		F 19941961 tre teles tirtt gerit geim sesti se	'N ATRIC BIELD Blies (ant 1861 1891	
11165 NW 7TH ST	11165 NW 7T	H ST			
# 203	<u></u>			IS SPACE	
MIAMI FL 33172 MIAMI FL 33172		3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE 1. Date incorporated or Qualified		
		,	03-08-96	ļ	
2. Principal Place of Business	2a. Mailing Address	,	4. FEI Number	Applied For	
21 235 SIDONIA AVE	26 235 SIDON	IA AVE	650650014	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 202	27 202		S. Celulcate of Canada Desardo	Fee Required	
City & State			6. Election Campaign Financing	\$5.00 May Be	
23 CORAL GABLES	28 CORAL GAB		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year. Personal Property Tax.	Intangible ☐ No ☐	
24 33134 25 MIAMI-DAD 9. Name and Address of Curren		30 MIAMI-DAD	10. Name and Address of New Registere		
9, Name and Address of Curren	it Negistered Agent	81 Name	10. 1101110 2111111111111111111111111111		
DULCE M. OLMOS		20 0 44	Less (D.C. Barrello Manageria Manage		
11165 NW 7TH ST	[82 Street Add	dress (P.O. Box Number is Not Acceptable) SIDONIA AVE		
. # 203		83	-		
MIAMI FL 33172		APT	<u> </u>	. 85 Zip Code	
		84 City COR	AL GABLES F	L 85 Zip Code 33134	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	on the shown semed cou	moration submits this statement for the numusa	of changing its registered	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Floods, Such change was a	いけいいけきゅう かく けいみ くくくりのけん	tion's board of directors. I hereby accept the app	xxinument as registered	
SIGNATURE				. [
Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Agent signatum requi			
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Addition	
mle P	☐ DELETE	1,1 TTTLE		El ciarie - Discouri	
DULCE M. OLMOS		12HME			
STREET ANORESS 11165 NW 7TH ST CITY-ST-71P MIAMI FL 33172	203		235 SIDONIA AVE APT # CORAL GABLES FL 33134	202	
	DELET:	1.4 CITY-ST-ZIP	OOKAL GADLED IL 33134	☐ Change ☐ Addition	
MILE .	O 02227.1	2.2 NAME			
NAME		2.3 STREET ADDRESS		İ	
STREET ANDRESS		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	- -	3.2 NAME			
STREET ALXORESS		3.3 STREET ADDRESS			
CITY-ST-2IP		3.4. CITY-ST-ZIP			
TITLE	☐ DELET=	4.1 TITLE		☐ Change ☐ Addition	
NAME		4.2 NAME		1	
STREET ALXORESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TILE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		5.2 NAME			
STREET AUDRESS		5.3 STREET ADDRESS			
CITY-ST-2IP		5.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	☐ DELETE	6.1 TITLE			
NAME		6.2 NAME			
STREET AVORESS		6.3 STREET ADDRESS			
14. I hereby certify that the information supplied w	ith this filing does not quality fo	6.4 CITY-ST-ZIP	Section 119 07(3)(i), Florida Statutes, J further	certify that the information	
14. I nereby cerury trial the information supplied wi	to any of report to the end and	incompany invitations on a	re shall have the same legal effect as if made U	nder oath: that I am an	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that an addition of filer 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, with all other like empowered.

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