

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 # **P95000070299 (9)**

1. Corporation Name

VISIONS FINANCIAL CONSULTANTS, INC.



Principal Place of Business

**5394 SW 119TH AVENUE
FORT LAUDERDALE FL 33330**

Mailing Address

**5394 SW 119TH AVENUE
FORT LAUDERDALE FL 33330**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**PIEDRA, ORLANDO C MR
5394 SW 119TH AVENUE
FORT LAUDERDALE FL 33330**

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 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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when officers change)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PIEDRA, ORLANDO C
5394 SW 119TH AVENUE
COOPER CITY FL 33330

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
PIEDRA, JACQUES A
5394 SW 119TH AVENUE
COOPER CITY FL 33330

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

[] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

[] Change [] Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. *[Signature]*

DATE

4/30/96

Daytime Phone #

954-4342957

CR2E034 (12/95)