

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

5394 SW 119TH AVENUE  
FORT LAUDERDALE FL 33330

5394 SW 119TH AVENUE  
FORT LAUDERDALE FL 33330-4261

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/08/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0607242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PIEDRA, ORLANDO C	
STREET ADDRESS	5394 SW 119TH AVENUE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	PIEDRA, JACQUES A	
STREET ADDRESS	5394 SW 119TH AVENUE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	CLARA PIEDRA	
STREET ADDRESS	5394 SW 119 AVE	
CITY-ST-ZIP	Cooper City FL 33330	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	JENNIFER P	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARA PIEDRA	
1.3 STREET ADDRESS	5394 SW 119 AVE	
1.4 CITY-ST-ZIP	Cooper City FL 33330	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JENNIFER PIEDRA	
2.3 STREET ADDRESS	5394 SW 119 AVE	
2.4 CITY-ST-ZIP	Cooper FL 33330	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]*

*[Signature]*

954 434 7957

CR2E034 (9/96)