

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 # **S26966** (9)

1. Corporation Name

**PERSONAL FINANCIAL CONSULTANTS, INC.**



Principal Place of Business

**9200 S. DADELAND BLVD.  
SUITE 409  
MIAMI FL 33156**

Mailing Address

**9200 S. DADELAND BLVD.  
SUITE 409  
MIAMI FL 33156**

3. Date Incorporated or Qualified

**01/23/1991**

3a. Date of Last Report

**06/01/1995**

4. FEI Number

**65-0244004**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **One S.E. Third Ave.,**

Suite, Apt. #, etc.

27 **Suite 1980**

28 City & State

**Miami, Florida**

29 Zip

**33131**

30 Country

**U.S.A.**

9. Name and Address of Current Registered Agent

**AMKGS REGISTERED AGENTS INC  
1980 SUNBANK INTERNATIONAL CENTER  
ONE SE THIRD AVE  
MIAMI FL 33131**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☐ DELETE

NAME **MINOTTI, JOSEPH F**  
STREET ADDRESS **9200 S. DADELAND BLVD. STE. 409**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE D ☐ DELETE

NAME **SYDDAL, ERICO LEONARDO**  
STREET ADDRESS **9200 S. DADELAND BLVD. STE. 409**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE DTA ☐ DELETE

NAME **PADRON, RAFAEL SOTO**  
STREET ADDRESS **9200 S. DADELAND BLVD. STE. 409**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE DP ☐ DELETE

NAME **NICOLICCHIA, VINCENZO**  
STREET ADDRESS **9200 S. DADELAND BLVD. STE. 409**  
CITY-ST-ZIP **MIAMI FL 33159**

TITLE AS ☐ DELETE

NAME **ABALI, ARTURO J., JR.**  
STREET ADDRESS **ONE S.E. 3RD AVE., STE. 1980**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VSD ☒ Change ☐ Addition

12 NAME **MINOTTI, JOSEPH F.**  
13 STREET ADDRESS **9200 S. DADELAND BLVD., STE. #409**  
14 CITY-ST-ZIP **MIAMI, FLORIDA 33156**

2.1 TITLE D ☒ Change ☐ Addition

22 NAME **SYDDALL, ERICO LEONARDO**  
23 STREET ADDRESS **9200 S. DADELAND BLVD. STE. 409**  
24 CITY-ST-ZIP **MIAMI FL 33156**

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE DP ☒ Change ☐ Addition

42 NAME **NICOLICCHIA, VINCENZO**  
43 STREET ADDRESS **9200 S. DADELAND BLVD., STE. 409**  
44 CITY-ST-ZIP **MIAMI, FL 33156**

5.1 TITLE AS ☒ Change ☐ Addition

52 NAME **ABALLI, ARTURO J., JR.**  
53 STREET ADDRESS **ONE S.E. 3RD AVE., STE. 1980**  
54 CITY-ST-ZIP **MIAMI, FL 33131**

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (12/95)