

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

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J39791 (5)  
1. Corporation Name  
VISIONS CONSTRUCTION CORP.



Principal Place of Business Mailing Address  
7280 W PALMETTO PARK RD. SUITE 305N BOCA RATON FL 33433  
7280 W PALMETTO PARK RD. SUITE 305N BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
10/28/1986

2. Principal Place of Business 2a. Mailing Address  
21 1255 S. Military Trail 26 1255 S. Military Trail  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Deerfield Beach, FL 28 Deerfield Beach, FL  
Zip Country Zip Country  
24 33442 25 U.S.A. 29 33442 30 U.S.A.

4. FEI Number Applied For  
59-2737160 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
WALDMAN, ANA MARIA ROIG  
7280 W PALMETTO PARK ROAD  
SUITE 305N  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1255 S. Military Trail  
83  
84 City Deerfield, FL 85 Zip Code 33442

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 *Ana Maria Waldman Roig* Ana Maria Waldman Roig, Pres. 01/29/98  
Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDMAN, ANA MARIA ROIG	1.2 NAME	
STREET ADDRESS	7280 W PALMETTO PARK ROAD SUITE 305N	1.3 STREET ADDRESS	1255 S. Military Trail
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDMAN, ANDREW C.	2.2 NAME	
STREET ADDRESS	7280 W PALMETTO PARK ROAD SUITE 305N	2.3 STREET ADDRESS	1255 S. Military Trail
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1255 S. Military Trail
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1255 S. Military Trail
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
Ana Maria Waldman Roig, President

SIGNATURE: *Ana Maria Waldman Roig* 01/29/98 (954) 426-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0231664

CR2E034 (10/97)