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Mar 11, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000072074

1. Corporation Name  
BREAKSTONE HOMES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
TURNBERRY PLAZA, SUITE 500  
2875 NORTHEAST 191ST STREET  
AVENTURA FL 33180

Mailing Address  
TURNBERRY PLAZA, SUITE 500  
2875 NORTHEAST 191ST STREET  
AVENTURA FL 33180

3. Date Incorporated or Qualified  
08/18/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65 - 0872098  
Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, JORGE LUIS  
TURNBERRY PLAZA, SUITE 500  
2875 NORTHEAST 191ST STREET  
AVENTURA FL 33180

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D / P <input type="checkbox"/> DELETE	1.1 TITLE	President / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAKSTONE, NOAH	1.2 NAME	
STREET ADDRESS	TURNBERRY PLAZA, SUITE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jorge L. Wolf
STREET ADDRESS		2.3 STREET ADDRESS	2875 N.E. 191st. st / S# 500
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Jorge L. Wolf
STREET ADDRESS		3.3 STREET ADDRESS	2875 N.E. 191st. St / S#500
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary / p <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Arthur Breakstone
STREET ADDRESS		4.3 STREET ADDRESS	2875 N.E. 191 ST. / S# 500
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Alberto Peisach
STREET ADDRESS		5.3 STREET ADDRESS	2875 N.E. 191 ST. / S# 500
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Natan Peisach
STREET ADDRESS		6.3 STREET ADDRESS	2875 N.E. 191 ST / S# 500
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Aventura, FL 33180

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, with all other like empowered.

SIGNATURE: *Natan Peisach* 3/9/99 305 705-0001  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)