FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -2 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92436 (0)

1. Corporation Name
BREAUX, REY AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8551 W. SUNRISE BLVD. 302 PLANTATION FL 33322 US	%ALEX REY 1856 NW 21ST ST. POMPANO BEACH FL 33069-1306 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 2601 S.Bayshore Drive
Suite, Apt. #, etc.
22 1700
City & State
23 Miami, Florida
Zip 24 33133 Country 25 USA

2a. Mailing Address
26 %D. Breaux, 1031 Cumberland Ter
Suite, Apt. #, etc.
27 1031 Cumberland Terr
City & State
28 Davie, Florida
Zip 29 33325 Country 30 USA

4. FEI Number: 65-0200198 ☐ 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

9. Name and Address of Current Registered Agent

REY, ALEX
1856 N.W. 21ST ST
POMPANO FL 33069

10. Name and Address of New Registered Agent

81 Name: Don Breaux
82 Street Address (P.O. Box Number is Not Acceptable): 1031 Cumberland Terrace
83 Davie, FL
84 City: Davie FL 85 Zip Code: 33325

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] Don Breaux, Pres 2/27/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/VP ☒ Change ☐ Addition
NAME	[illegible]	1.2 NAME	Rey, Katherine
STREET ADDRESS	[illegible]	1.3 STREET ADDRESS	2451 Brickell Av 10-H
CITY-ST-ZIP	POMPANO FL	1.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BREAUX, DON	2.2 NAME	
STREET ADDRESS	1031 CUMBERLAND TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	[illegible]	3.1 TITLE	☐ Change ☐ Addition
NAME	[illegible]	3.2 NAME	
STREET ADDRESS	[illegible]	3.3 STREET ADDRESS	
CITY-ST-ZIP	[illegible]	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: [signature] 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR Date

305-856-9200 X310
Daytime Phone #

0118030 CP