

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 # **K92436** (0)

1. Corporation Name

**BREAUX, REY AND ASSOCIATES, INC.**



Principal Place of Business

2601 S BAYSHORE DRIVE  
SUITE 1700  
MIAMI F 33133  
US

Mailing Address

C/O BREAUX, DON  
1031 CUMBERLAND TERRACE  
DAVIE FL 33325  
US

3. Date Incorporated or Qualified  
**06/02/1989**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

21 **2525 SW 3 Ave.**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#206**

27

City & State

City & State

23 **Miami, FL**

28

Zip

Country

Zip

Country

24 **E 33129**

25

**USA**

29

30

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

10. Name and Address of New Registered Agent

**BREAUX, DON  
1031 CUMBERLAND TERRACE  
DAVIE FL 33325**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVP** ☐ DELETE  
NAME **REY, KATHERINE**  
STREET ADDRESS **2451 BRICKELL AVENUE 10-H**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE

**VP** ☒ Change ☐ Addition

1.2 NAME

**Katherine Rey**

1.3 STREET ADDRESS

**2451 Brickell Avenue # 10-H**

1.4 CITY-ST-ZIP

**Miami, Florida 33129** ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE  
NAME **BREAUX, DON**  
STREET ADDRESS **1031 CUMBERLAND TERR**  
CITY-ST-ZIP **DAVIE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**DVPT** ☐ Change ☒ Addition

**Alex J. Rey**

**2451 Brickell Ave #10-H**

**Miami, Florida 33129** ☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**VP** ☐ Change ☒ Addition

**Maureen Breaux**

**1031 Cumberland Terr**

**Davie, FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

1/21/96

305 328 7061

Date

Daytime Phone #

CR2E034 (12/95)