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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

2525 SW 3 AVENUE
SUITE 200
MIAMI FL 33129
US

C/O BREAUX, DON
1001 CUMBERLAND TERRACE
DAVE FL 33325
US

3. Date Incorporated or Qualified
06/02/1989

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 444 Brickell Ave
Suite, Apt. #, etc.

26 444 Brickell Ave
Suite, Apt. #, etc.

22 #416

27 #416

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip Country
33131 USA

29 Zip Country
33131 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

10. Name and Address of New Registered Agent

BREAUX, DON
1031 CUMBERLAND TERRACE
DAVE 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

Sign above, 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	VP	DELETE
NAME	REY, KATHERINE	
STREET ADDRESS	2451 BRICKELL AVENUE 10-H	
CITY- ST- ZIP	MIAMI FL	
TITLE	PD	DELETE
NAME	BREAUX, DON	
STREET ADDRESS	1031 CUMBERLAND TERR	
CITY- ST- ZIP	DAVE FL	
TITLE	DVPT	DELETE
NAME	REY, ALEX J.	
STREET ADDRESS	2451 BRICKELL AVENUE 10-H	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	DELETE
NAME	BREAUX, MAUREEN	
STREET ADDRESS	1031 CUMBERLAND TERRACE	
CITY- ST- ZIP	DAVE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Date

305-377-2995

Daytime Phone #

0265372

CR2E034 (9/96)