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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L26539** **(1)**

1. Corporation Name
BREAKSTONE PROPERTIES, INC.

Principal Place of Business	Mailing Address
% ARTHUR BREAKSTONE ~~19500 COLLINS AVE~~ ~~MIAMI BCH, FL 33160~~ US	% ARTHUR BREAKSTONE ~~19500 COLLINS AVE~~ ~~MIAMI BCH, FL 33160-2259~~ US

3. Date Incorporated or Qualified: 10/30/1989
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 2875 N.E. 191st. St.	26 Suite, Apt. #, etc.: ~~2875 N.E. 191st. St.~~
22 City & State: 500	27 City & State: Suite # 500
23 Zip: Aventura, FL 33180	28 Zip: Aventura, FL 33180
24 Country: 33180	25 Country: 29 33180 30

4. FEI Number: 65-0203780 ☐ 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
BREAKSTONE, ARTHUR ~~19500 COLLINS AVE~~ ~~MIAMI BCH, FL 33160~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2875 N.E. 191st. Street 83 ~~S~~Suite # 500 84 City: Aventura, FL 85 Zip Code: 33180

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOAH, BREAKSTONE ~~19500 COLLINS AVE~~ ~~MIAMI BCH FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition Same 2875 N.E. 191st. Street/S#500 ~~Aventura, FL 33180~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BREAKSTONE, ARTHUR L. ~~19500 COLLINS AVE~~ ~~N MIAMI BCH FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Same 2875 N.E. 191st. Street / S#500 Aventura, FL. 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Noah Breakstone Noah Breakstone 1/10/97 305 705-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #