FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # M55822

(4)

THE BREAKSTONE GROUP, INC.

FILED									
Feb 04 1998 8:00am									
Secretary of State									

305

705-0001

Principal Place of Business			Mailing Address			* 19818617 191 61141 91183 19(19 1	ara isas Alkii al	1811 B1811 B1811 (hidis Bidsi (Abi	
2875 NE 191ST ST			2875 NE 191ST ST							
#500 Aventura fl 33180			#500 AVENTURA FL 33180			DO NOT WRITE IN THIS SPACE				
US US							3. Date Incorporated or Qualif	ied		
ĺ							07/20/1987			
<u> </u>	Place of Business	2	a. Mailing Address				4. FEI Number			Applied For
21			26			59-2826107			Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	ı 🗆	,	Additional	
City & State			City & State						Required	
23			28			 Election Campaign Financing Trust Fund Contribution 	ng 🔲	,	O May Be d to Fees	
Zip	Count		Zip	T Co	untry		8. This corporation owes or ha			
24	25	21	¬ `	30	.,		Personal Property Tax due	•	_ ′	□ No
	9. Name and Addr			17-7-1	Ι		10. Name and Address of New		d Agent	
BF	REAKSTONE, NOAH				B1	Name				
	75 NE 191ST ST ST	E #500			82	Street Add	iress (P.O. Box Number is Not Acce	otable)		
AVENTURA FL 33180							7000 (101 000 1121100 101 101 1000			
					B3					
1					84	City			. 85 Zij	p Code
13.5					ot			<u> Fl</u>	L	•
11. Pursuant office or r	to the provisions of Sec registered agent, or bot	blions 607.0502 and h, in the State of Flo	l 607.1508, Florida Statu orida: Such change was	ıles, the a authoriz€	ibove	e-named cor the corpora	poration submits this statement for ation's board of directors. I hereby a	he purpose accept the ar	of changing opointment a	its registered as registered
agent. I a	ım fa miliar with, an d ac	cept the obligations	of, Section 607.0505, F	lorida Sta	tutes	i. '	•		•	J
SIGNATURE	Signature, typed or printed nan	a of an alared the of a	telo di gonti abla	TE. Desistor	nd 6 a a	ul signatura soci	uired when reinstating)	DATE		
12.		OFFICERS AND DIR		13.	o Age	ui eigitatura redo	ADDITIONS/CHANGES TO C		ND DIRECTO	ORS IN 12
TITLE	PD		☐ DELETE	111	ITLE				Change	
NAME BREAKSTONE, ARTHUR				1.2 NAME					•	
STREET ADDRESS 2875 NE 191ST STREET STE			500 1.3 \$			address				
CITY-ST-ZIP AVENTURA FL						r-ZiP				
TITLE	VD		DELETE	2.1 I	ITLE				Change	Addition
NAME	BREAKSTONE, N	IOAH	2.21		2.2 NAME					
STREET ADDRESS	2875 NE 191ST	ST STE 500	2.3 S			ADDRESS				
CITY-ST-ZIP	AVENTURA FL			2.4 (CITY-S	T-ZIP				
TITLE	SD		☐ DELETE	3,1 T	ITLE				☐ Change	Addition
NAME	Breakstone, J			3.2 N	AME					
STREET ADDRESS	2875 NE 191ST	ST STE 500		3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	AVENUTRA FL				CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 T	ITLE				L Change	Addition
NAME				4.2	IAME					
STREET AODRESS				4.3 S	TREET .	ADDRESS				
CITY-ST-ZIP			- Driews		ITY-ST	- ZIP				1 2 1 60
TITLE			☐ DELETE	511					Change	Addition
NAME				5.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			☐ DELETE		ITY-ST	- ZiP			Dhar	Addition
TITLE			□ vecete	6.1 T					Change	Addition
NAME STREET ANNOCCO				6.2 N		ADDDECC				

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.