

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S86206

(7)

1. Corporation Name

BREAKSTONE ASSOCIATES, INC.

FILED

95 JAN 27 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~8900 SW 87TH COURT~~
~~MIAMI FL 33156-1737~~

~~8900 SW 87TH COURT~~
~~MIAMI FL 33156-1737~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/09/1991

3a. Date of Last Report
01/27/1994

2. Principal Place of Business

21 19500 Collins Avenue

2a. Mailing Address

26 19500 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

23 Miami Beach, Fla.

28 Miami Beach, Fla.

Zip

Country

Zip

Country

24 33160

25 U.S.A.

29 33160

30 U.S.A.

4. FEI Number
65-0295098

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. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREAKSTONE, ARTHUR

~~8900 SW 87TH COURT~~

~~MIAMI FL 33150~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

19500 Collins Avenue

83

84 City

Miami Beach,

FL

85 Zip Code
33160

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BREAKSTONE, NOAH
~~8900 SW 87TH COURT~~
~~MIAMI FL~~

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

19500 Collins Avenue
Miami Beach, Fla. 33160

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BREAKSTONE, ARTHUR
~~8900 SW 87TH COURT~~
~~MIAMI FL~~

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

19500 Collins Avenue
Miami Beach, Fla. 33160

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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 110.07(3)(b), 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:

OR PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Noah Breakstone

Jan. 20, 1995

305-935-0007

Date

Telephone #