

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

FILED
Jan 23 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 # S86206 (7)
1. Corporation Name
BREAKSTONE ASSOCIATES, INC.



Principal Place of Business: ~~19500 COLLINS AVENUE MIAMI BEACH FL 33160 US~~
Mailing Address: ~~18500 COLLINS AVENUE MIAMI BEACH FL 33160 US~~

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business: 21 2875 N.E. 191st. St. Suite, Apt. #, etc. 22 500 City & State: 23 Aventura, FL. Zip: 24 33180 Country: 25
2a. Mailing Address: 26 2875 N.E. 191st. St. Suite, Apt. #, etc. 27 500 City & State: 28 Aventura, FL. Zip: 29 33180 Country: 30
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BREAKSTONE, ARTHUR, ~~19500 COLLINS AVENUE MIAMI BEACH FL 33160~~
10. Name and Address of New Registered Agent: 81 Name: SAME, 82 Street Address (P.O. Box Number is Not Acceptable): 2875 N.E. 191st. St /S#500, 83, 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: DV <input type="checkbox"/> DELETE	NAME: BREAKSTONE, NOAH	11 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 19500 COLLINS AVENUE MIAMI BEACH FL		12 NAME:	2875 N.E. 191st. St /S#500
CITY-ST-ZIP:		13 STREET ADDRESS:	Aventura, FL. 33180
		14 CITY-ST-ZIP:	
TITLE: DP <input type="checkbox"/> DELETE	NAME: BREAKSTONE, ARTHUR	21 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 19500 COLLINS AVENUE MIAMI BEACH FL		22 NAME:	2875 N.E. 191st. St /S#500
CITY-ST-ZIP:		23 STREET ADDRESS:	Aventura, FL. 33180
		24 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Noah Breakstone* 1/15/97 305-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)