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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S86206

BREAKSTONE ASSOCIATES, INC.

FILED
Feb 04 1998 8:00am
Secretary of State

DAT-0001

Principal Place of Business			Mailing Address						47877 1497	
2975 NE 191ST ST			2875 NE 191ST ST 500							
500 AVENTURA FL 33180			AVENTURA FL 33180				DO NOT WRITE IN THIS SPACE			
US				I\$				3. Date Incorporated or Qualified		
								10/09/1991		
2. Principal Place of Business			<u> </u>	2a. Mailing Address				4. FEI Number		pplied For
Suite, Apt, #, etc.			26	Suite, Apt. #, etc.			····	65-0295098		ot Applicable Additional
22			27	1				5. Certificate of Status Desired	T	Additional lequired
City & State			E	City & State				8. Election Campaign Financing		May Be
23			28	3				Trust Fund Contribution		to Fees
Zip	Zip Country			Zip Country		,	8. This corporation owes or has paid the current year Intangible			
24	25		29				Personal Property Tax due June 30. Yes No			
<u></u>		e and Address of Curre	ent Regis	tered Agent		01	Nome	10. Name and Address of New Regis	stered Agent	
	REAKSTONE					81	Name			
_	875 NE 191					82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
AVENTURA FL 33180						83				
						03				
						84	City		FL 85 Zip	Code
11 Purcus	nt to the provi	sions of Sections 607.05	M2 and 6	07 1508 Florida Statu	ites the	hove	e-named coro	oration submits this statement for the pur	nose of changing	its registered
office o	or registered a	gent, or both, in the Stat	te of Florid	da. Such change was	authorize	ed by	the corporate	on's board of directors. I hereby accept t	the appointment as	registered
		ith, and accept the obli	gations of	7, Section 607.0505, Fi	iorida Sia	nutes	S.			
SIGNATURE		d or printed name of registered a	gent and tibe	if ancicable (NO	TE: Register	ed Age	ent signaturo require	ed when reinstating)	DATE	
12.		OFFICERS AF	 		13	-		ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	DV			DELETE	1.1	TITLE			☐ Change	Addition
NAME	BREAK	STONE, NOAH			1.21	NAME				
STREET ADDRESS		E 191ST ST #500					ADDRESS .			
CITY-ST-ZIP	AV/ENTI				1.3	STREET	NUUNICOS			
1		JRA FL				STREET CITY-S			<u></u>	
TITLE	DP	JRA FL_		☐ DELETÉ	1.4				Change	Addition
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6.4 CITY - ST - ZIP

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 a tatachment with an address.