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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90034 001 \*\*\*150.00

DOCUMENT #	P98000045051
Corporation Name	1 000000 10001

BEHRE CAD DRAFTING INC.

BETHE GAD DRAFTING INC.							
Principal Place of Business	Mailing Address		j				
3190 S.W. 23RD STREET 3190 S.W. 23RD STREET MIAMI FL 33145 MIAMI FL 33145				DO NOT WR	ITE IN THIS SP	ACE	
				3. Date Incorporated or Qualifed 05/19/1998	<del></del>	<del></del>	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	• •	Applied For	
21	26		[	65-083635	8	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country	Zip 30	Country	,	This corporation owes the cur     Personal Property Tax.		ible Yes XNo	
9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New	Registered Age	ent	
BEHRE, EARL		81	Name	·			
3190 S.W. 23RD STREET		82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33145		83					
		84	City	·	FL	35 Zip Code	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation.	f Florida. Such change was author	ized by	the corporation	ation submits this statement for the 's board of directors. I hereby acce	purpose of cha pt the appointm	inging its registered ent as registered	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTF Regis	tered Ager	nt signature required w	vhen reinstating)	DATE	<del></del>	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS IN 12	

Change Addition □ DELETE TITLE 1.1 TITLE 1.2 NAME NAME BEHRE, DONALD E 3190 S.W. 23RD STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 21 TITLE TITLE BEHRE, ELIANE A 2.2 NAME NAME 3190 S.W. 23RD STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33145 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 an attachment with an address, with all other like empowered.

SIGNATURE: 4

Sulphu D. Earl Behre

1/13/99 (305) 618-1943

R2F034 (11/98)