

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V36371 (5)

1. Corporation Name
SBE, INC.

**APPROVED
AND
FILED**
95 MAY -1 PM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
446 COLLINS AVE MIAMI FL 33139
446 COLLINS AVE MIAMI FL 33139
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**PASTERNAK, MARSHALL
C/O GREENBERG TRAUIG
1221 BRICKELL AVENUE
MIAMI FL 33131**

SIGNATURE *Robert R. Threath* **Robert R. Threath** 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE STD	KRAMER, THOMAS
NAME	446 COLLINS AVE
STREET ADDRESS	MIAMI BEACH FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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)(k), 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 my address.

SIGNATURE: *Margaret* **Margaret** 4/28/95 305-532-2519
Signature and typed or printed name of signing officer or director

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H. Hanau
1.3 STREET ADDRESS	446 Collins Avenue
1.4 CITY - ST - ZIP	Miami Beach, FL 33139
2.1 TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M. NEE
2.3 STREET ADDRESS	446 Collins Avenue
2.4 CITY - ST - ZIP	Miami Beach, FL 33139
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	