

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

FILED

**Feb 27 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 # V36371 (5)
1. Corporation Name
SBE, INC.



Principal Place of Business: **446 COLLINS AVE MIAMI FL 33139 US**
Mailing Address: **446 COLLINS AVE MIAMI FL 33139-6610 US**

3. Date Incorporated or Qualified: **05/15/1992**
3a. Date of Last Report: **03/22/1996**

2. Principal Place of Business: **21 One S. Pointe Dr.**
2a. Mailing Address: **26 One S. Pointe Dr.**

4. FEI Number: **65-0337985**
Applied For: Not Applicable

22 City & State: **Miami Beach FL**
27 City & State: **Miami Beach FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 Zip: **33139** Country: **US**
28 Zip: **33139** Country: **US**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24 33139 25 US 29 33139 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THREATT, ROBERT R
446 COLLINS AVE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **One S. Pointe Dr.**
83
84 City: **Miami Beach** FL 85 Zip Code: **33139**

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	
TITLE	DP <input type="checkbox"/> DELETE
NAME	KRAMER THOMAS
STREET ADDRESS	446 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HANAU, H
STREET ADDRESS	446 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VPS <input type="checkbox"/> DELETE
NAME	NEE, M
STREET ADDRESS	446 COLLINS AVE X
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	One S. Pointe Dr.
1.4 CITY-ST-ZIP	Miami Beach FL 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	One S. Pointe Dr.
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	One S. Pointe Dr.
3.4 CITY-ST-ZIP	Miami Beach FL 33139
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	

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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Nee* **Margaret Nee, VP 2/19/97 305-532-2519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)