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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36371

1. Corporation Name
SBE, INC.

Principal Place of Business
ONE S POINTE DR
MIAMI BEACH FL 33139
US

Mailing Address
ONE S POINTE DR
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1992

4. FEI Number
65-0337985
Applied For
Not Applicable

2. Principal Place of Business
21 404 WASHINGTON AVE.

2a. Mailing Address
26 404 WASHINGTON AVE.

22 SUITE 120

27 SUITE 120

23 MIAMI BEACH, FL

28 MIAMI BEACH, FL

24 33139 25 DADE

29 33139 30 DADE

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THREATT, ROBERT R.
ONE S POINTE DR
MIAMI BEACH FL 33139~~

81 Name BRIAN A. HART
THOMSON, MURARO, RAZOOK & HART, P.A.

82 Street Address / P.O. Box Number is Not Acceptable
ONE SOUTHEAST THIRD AVENUE

83 17TH FLOOR

84 City MIAMI FL 85 Zip Code 33131

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 *Brian A. Hart* BRIAN A. HART 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME KRAMER THOMAS
STREET ADDRESS ONE S POINTE DR
CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE Change Addition
1.2 NAME 404 WASHINGTON AVE.
1.3 STREET ADDRESS SUITE 120
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ~~VP~~ DELETE
NAME ~~HANAU, H.~~
STREET ADDRESS ~~ONE S POINTE DR~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPS DELETE
NAME NEE, M
STREET ADDRESS ONE S POINT DR
CITY-ST-ZIP MIAMI BEACH FL 33139

3.1 TITLE Change Addition
3.2 NAME 404 WASHINGTON AVE.
3.3 STREET ADDRESS SUITE 120
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME S CATHY COLONNESE
5.3 STREET ADDRESS 404 WASHINGTON AVE., SUITE 120
5.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE: *Cathy Colonnese* CATHY COLONNESE 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)