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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 FEB -1 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076966**

1. Corporation Name
CAMEBO, INC.

Principal Place of Business	Mailing Address
2727 N. OCEAN BLVD. UNIT A-402 BOCA RATON FL 33431	C/O FABRIZIO MENCARELLI CENTRO BREVIL 11021 CERVINIA, ITALY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2727 N. OCEAN BLVD.	26 FABRIZIO MENCARELLI
Suite, Apt. #, etc. 22 UNIT A 402	Suite, Apt. #, etc. 27 CENTRO BREVIL
City & State 23 BOCA RATON	City & State 28 CERVINIA
Zip 24 33431 Country 25 FL	Zip 29 11021 Country 30 ITALY

3. Date Incorporated or Qualified
11/01/1993

4. FEI Number
65-0476636
[ ] Applied For
[ ] Not Applicable

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

GIUFFRIDA, LILLIAN
792 NE 33 STREET
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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: Lillian Giuffrida — JANUARY 20TH 1999
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when new filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	MENCARELLI, FABRIZIO MD	12 NAME	
STREET ADDRESS	2727 N. OCEAN BLVD., UNIT A-402	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	14 CITY-ST-ZIP	
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Dr. Mencarelli Fabrizio — JANUARY 20TH 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)