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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085521

Principal Place of Business

CAMBIO INTERNATIONAL, INC.

6278 N FEDERAL HIGHWAY SUITE 442 FORT LAUDERDALE FL 33308		6278 N FEDERAL HIGHWAY SUITE 442 FORT LAUDERDALE FL 33308			DO NOT WRI	TE IN THIS :	SPACE		
						 Date incorporated or Qualified 11/06/1995 			
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		\Box	Applied For
21		26	26			65-0629365			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional	
22		27	27			5. Optimicate of Clarkes Boomes	<u> </u>	Fee	Required
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	Zip 29	30	intry		This corporation owes the curr Personal Property Tax.		☐Yes	□No
	g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	Registered #	lgent	
				81	Name				ļ
	ibio, ernest H Jr I n Federal Highway Suite	442	12			ress (P.O. Box Number is Not Acceptable)			
FOR	T LAUDERDALE FL 33308			83					
				84	City		FL	85 Z	Zip Code
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change i	was authorize	a ov	the corporati	poration submits this statement for the on's board of directors. I hereby accept	purpose of on the appoin	changing itment a	its registered s registered
SIGNATURE							DATE		·
	Signature, typed or printed name of registered a			d Agen	it signature require	ad when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	CTOPS IN 12
12.		AND DIRECTORS	13. TE 1.1 T	m F		ADDITIONS/CHANGES TO OF	FICERS AN	Chan	
TITLE	D Cambio, ernest h Jr	[] 0000		AME				~	_
NAME	6278 N FEDERAL HIGHWAY	SHITE AAS			ADDRESS				,
STREET ADDRESS	FORT LAUDERDALE FL 3330			ITY-S					
CITY-ST-ZIP TITLE	TOTT ENDERIDALE TE SOOO	☐ DELE			7-2.11	¥		Chan	ige Addition
NAME			2.2 N						
STREET ADDRESS					r ADDRESS				ĺ
CITY-ST-ZIP			•	CITY-S	ſ				\$
TITLE		☐ DELE						Char	ige Addition .
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 S	TREE	ADDRESS				Y
CITY-ST-ZIP			3.4.0	CITY-S	IT-ZIP				
TITLE		☐ DELE	TE 4.1 T	TLE				Chan	nge
NAME			4.21	MAME			÷		
STREET ADDRESS			4.3 \$	TREE	TADDRESS				
CITY-ST-ZIP				ity-s	T-ZIP		·		
TITLE		DELE				•		Chan	nge 🗌 Addition
NAME			5.2 N						ļ
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP		 _		ITY-S	T-ZIP			<u></u>	
TITLE		☐ DELE			-			Char	nge 🔲 Addition
NAME				AME					
CTDEET ADDRESS			6.3 5	TREE	TADDRESS				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90023 016 ***150.00