

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90138 008 \*\*\*150.00



DOCUMENT # F04000002566		1. Entity Name MSC CRUISES (USA) INC.	
Principal Place of Business C/O DEORCHIS & PARTNERS 61 BROADWAY NEW YORK, NY 10006		Mailing Address C/O DEORCHIS & PARTNERS 61 BROADWAY NEW YORK, NY 10006	
2. Principal Place of Business 6750 N. Andrews Ave. Suite, Apt. #, etc.		3. Mailing Address 2 S. Biscayne Blvd. Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Miami, Florida	
Zip 33309	Country USA	Zip 33131	Country USA
4. FEI Number 52-2442243		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01312005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Valdes-Fauli Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Blvd., Suite 3400 City Miami FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Arthur J. Furia</i>		By: Arthur J. Furia, Vice President	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ARENA, NICOLA 420 5TH AVE. NEW YORK, NY 10018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Arena, Nicola 6750 N. Andrews Avenue Ft. Lauderdale, Florida 33309 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SASSO, RICHARD 1042 SEA SPRAY AVE. DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Sasso, Richard E. 6750 N. Andrews Avenue Ft. Lauderdale, Florida 33309 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michaelides, Ares M. 6750 N. Andrews Avenue Ft. Lauderdale, Florida 33309 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/T Fedelini, Sergio 6750 N. Andrews Avenue Ft. Lauderdale, Florida 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vago, Pierfrancesco 6750 N. Andrews Avenue Ft. Lauderdale, Florida 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Costa, Giacomo 6750 N. Andrews Avenue Ft. Lauderdale, Florida 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.			
SIGNATURE: <i>Sergio Fedelini</i>		2/23/05 (954) 958 1008	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT		Date Daytime Phone #	
<p><b>SERGIO FEDELINI</b>  <b>CHIEF FINANCIAL OFFICER</b>  <b>MSC CRUISES (USA) INC.</b></p>			