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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:09

DOCUMENT # **P23299** (1)

1. Corporation Name
EUROPA CRUISES CORPORATION

Principal Place of Business	Mailing Address
150 153RD AVE STE 200 MADEIRA BCH FL 33708 US	150 153RD AVE STE 200 MADEIRA BCH FL 33708 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1989	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2935476	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REDDIEN, CHARLES H. "KI
150 153RD AVE
STE 200
MADEIRA BCH FL 33708

10. Name and Address of New Registered Agent

31 Name: CHARLES KLEIM
32 Street Address (P.O. Box Number is Not Acceptable): 150 153RD AVE.
33: STE 200
34 City: MADEIRA FL 35 Zip Code: 33708

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: CHARLES KLEIM Charles Klein 1-5-95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	REDDIEN, CHARLES H. "KI	1.2 NAME	
STREET ADDRESS	150 153RD AVE, STE 200	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MADEIRA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	PETTY, SHARON E.	2.2 NAME	
STREET ADDRESS	150 153RD AVE, STE 200	2.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MADEIRA BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WALTER, ERNST G.	3.2 NAME	
STREET ADDRESS	150 153RD AVE, STE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	VITALE, DEBORAH A.	4.2 NAME	
STREET ADDRESS	150 153RD AVE, STE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	TURNER, STEPHEN M.	5.2 NAME	
STREET ADDRESS	150 153RD AVE, STE 200	5.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MADEIRA BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	PD ☐ Change ☒ Addition
NAME		6.2 NAME	BULLOCK, LESTER E.
STREET ADDRESS		6.3 STREET ADDRESS	150 153RD AVE STE 200
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MADEIRA BEACH, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lester E. Bullock 5/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310706 CP