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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **P23299**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90168 043 ***150.00

EUHUPA	CRUISES CORPORATION							
Principal Place	e of Business	Mailing Address						1 81611 81611 1851
150 153RD AVE		150 153RD AVE						
STE 200		STE 200						
MADEIRA BCH I	FL 33708	MADEIRA BCH FL 33708				DO NOT WRITE IN 1	THIS SPACE	
US	م.	- US				3. Date Incorporated or Qualifed		
						03/07/1989		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2935476		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required
City & State		City & State				6, Election Campaign Financing	\$5:0	0 -мау ве
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cour	try		8. This corporation owes the current year	ar Intangible	
24	25	29	30	•		Personal Property Tax.	∐Yes	□No
24	9. Name and Address of Curre		1			10. Name and Address of New Registe	red Agent	_
	<u> </u>			B1 Name	···			_
VITAI	le, deborah a		1	20 01 1	A 11 .	(D.O. C M has in Mark Assessable)		
150-1	153RD AVE			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
STE	200			83				
MAD	EIRA BCH FL 33708		į					
				B4 City			FL 85 Zi	Code
dd Diamana	As the assisions of Continue 607 051	02 and 607 1509 Elorida Statut	e the at	Ove-namer	cornor	ation submits this statement for the nurnos	se of changing i	ts registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorized	by the corr	oration	's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	•							·
l						517	_	
	Signature, typed or printed name of registered age		<u> </u>	gent signature	required v	when reinstating) DAT		TOPS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		required v	vhen reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIREC	
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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 adplemental 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 eceiver 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

SIGNATURE:

CITY-ST-ZIP

727 - 395-2885