

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847272

**Entity Name:** CARNIVAL CORPORATION**Current Principal Place of Business:**3655 N.W. 87TH AVE.  
MLGL 815  
MIAMI, FL 33178-2428**Current Mailing Address:**3655 N.W. 87TH AVE.  
MLGL 815  
MIAMI, FL 33178-2428 US**FEI Number:** 59-1562976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	ARISON, MICKY
Address	3655 NW 87 AVE
City-State-Zip:	MIAMI FL 33178

Title	CFO
Name	BERNSTEIN, DAVID C
Address	3655 NW 87TH AVE
City-State-Zip:	MIAMI FL 33178-2428

Title	VP-S
Name	PEREZ, ARNALDO
Address	3655 N.W. 87TH AVENUE
City-State-Zip:	MIAMI FL 33178-2428

Title	TREASURER
Name	DOBBINS, QUINBY
Address	3655 N.W. 87TH AVE. MLGL 815
City-State-Zip:	MIAMI FL 33178-2428

Title	PRESIDENT, CEO, DIRECTOR
Name	DONALD, ARNOLD W
Address	3655 N.W. 87TH AVE. MLGL 815
City-State-Zip:	MIAMI FL 33178-2428

Title	ASST. SECRETARY
Name	FURNARI, DOREEN S
Address	3655 N.W. 87TH AVE. MLGL 815
City-State-Zip:	MIAMI FL 33178-2428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ARNALDO PEREZ**SECRETARY****01/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date