

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005967

Entity Name: CARNIVAL PLC (CO.)**Current Principal Place of Business:**CARNIVAL HOUSE
100 HARBOUR PARADE
SOUTHAMPTON, S015 1ST**Current Mailing Address:**3655 NW 87 AVE.
MLGL 815
MIAMI, FL 33178 US**FEI Number:** 98-0357772**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 N.W. 87TH AVENUE
City-State-Zip:	MIAMI FL 33178

Title	CFO
Name	BERNSTEIN, DAVID
Address	3655 N.W. 87TH AVENUE
City-State-Zip:	MIAMI FL 33178

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

Title	TREASURER
Name	CAMPBELL, DARRELL
Address	CARNIVAL HOUSE 100 HARBOUR PARADE
City-State-Zip:	SOUTHAMPTON S015 1ST

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

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****01/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date