

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 341129

(5)

1. Corporation Name

NORWEGIAN CRUISE LINES INC

Principal Place of Business

7665 Corporate
Center Drive
Miami, FL 33126

Mailing Address

c/o Robert M. Kritzman
7665 Corporate Center Dr.
Miami, Florida 33126

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/05/1969

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0138764

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ-PITA, J. ALBERTO ESQ.
200 S BISCAYNE BLVD 50TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

Curtis J. Mase, Esq.
CHAFTE, McCALL, PHILLIPS,
TOLER & SARPY, L.L.P.
2600 Brickell Bay Office Tower
1001 S. Bayshore Drive
Miami, Florida 33131

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ARON, ADAM M
STREET ADDRESS 95 MERRICK WAY
CITY - ST - ZIP CORAL GABLES FLTITLE ~~DVT~~
NAME WALTERS, ROBERT O
STREET ADDRESS 95 MERRICK WAY
CITY - ST - ZIP CORAL GABLES FLTITLE ~~DVT~~
NAME COOLER, LAMARR
STREET ADDRESS 95 MERRICK WAY
CITY - ST - ZIP CORAL GABLES FLTITLE ~~DVT~~
NAME KRITZMAN, ROBERT M.
STREET ADDRESS 95 MERRICK WAY
CITY - ST - ZIP CORAL GABLES FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE HANS E. GOLTZUS
1.2 NAME
1.3 STREET ADDRESS 7665 Corporate Center Dr.
1.4 CITY - ST - ZIP Miami, Florida 331262.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 7665 Corporate Center Dr.
3.4 CITY - ST - ZIP Miami, Florida 331264.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 7665 Corporate Center Dr.
4.4 CITY - ST - ZIP Miami, Florida 331265.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Kritzman 4/1/97 (305) 436-4651

CR2E034 (9/96)