FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:32

DOCUMENT # **341392** **(9)**

1. Corporation Name
ROYAL CARIBBEAN CRUISE LINE INC.

Principal Place of Business	Mailing Address
1050 CARIBBEAN WAY MIAMI FL 33132	1050 CARIBBEAN WAY MIAMI FL 33132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/11/1969**
3a. Date of Last Report: **04/13/1994**

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

4. FEI Number: **59-1264505** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, MICHAEL J **1050 CARIBBEAN WAY** **MIAMI FL 33132**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	FAIN,RICHARD D. (CEO)	12 NAME	
STREET ADDRESS	1050 CARIBBEAN WAY	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	STEPHAN, EDWIN W.	22 NAME	
STREET ADDRESS	1050 CARIBBEAN WAY	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GLASIER,RICHARD J.(CFO)	32 NAME	
STREET ADDRESS	1050 CARIBBEAN WAY	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, MICHAEL J.	42 NAME	
STREET ADDRESS	1050 CARIBBEAN WAY	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	VTA	51 TITLE	☐ Change ☐ Addition
NAME	DUBBIN,KENNETH	52 NAME	
STREET ADDRESS	1050 CARIBBEAN WAY	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ARNEBERG,TOR	62 NAME	
STREET ADDRESS	3 FOREST ST.	63 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	64 CITY-ST-ZIP	

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: _____ **3/31/95** **(305) 539-6630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133681 CP

OFFICERS AND DIRECTORS (continued)

Title	Name	Address	City-State-Zip
D	ARONSON, BERNARD	1101 Pennsylvania Ave, NW	Washington, DC 20004
D	LUNDE, OLAV	Beddingen 8, Aker Brygge	Oslo, Norway
D	OFER, EYAL	44 Davies Street	London, England
V	GOULD, BLAIR H.	1050 Caribbean Way	Miami, FL 33132