

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:07

DOCUMENT # 746296 (3)
1. Corporation Name
ROYAL CARIBBEAN CLUB CONDOMINIUM, INC.

Principal Place of Business Mailing Address
1150 MADRUGA AVE CORAL GABLES FL 33146-2916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1979** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-1929597** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
REHRER, WILLIAM H JR
3800 VAN BUREN ST
SUITE 412
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name **Barbara A. Ray**
82 Street Address (P.O. Box Number is Not Acceptable) **c/o Jeanne Baker, Inc.**
83 **12677 South Dixie Highway**
84 City **Miami** FL 85 Zip Code **33156**

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 Barbara A. Ray as Property Manager 4/10/95
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DS
NAME ALLEN, SYLVIA DR
STREET ADDRESS 1200 MARIPOSA AVE
CITY - ST - ZIP CORAL GABLES FL
TITLE D
NAME MASSEY, MARIA
STREET ADDRESS 1200 MARIPOSA
CITY - ST - ZIP CORAL GABLES FL
TITLE D
NAME MCKINNON, M.A.
STREET ADDRESS 1150 MADRUGA AVE.
CITY - ST - ZIP CORAL GABLES FL
TITLE VD
NAME MORRIS, JOSEPH A
STREET ADDRESS 1150 MADRUGA AVE
CITY - ST - ZIP CORAL GABLES FL
TITLE TD
NAME MILLAR, JAMES C
STREET ADDRESS 1150 MADRUGA AVE.
CITY - ST - ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE P/D Change Addition
12 NAME Duys, Diane
13 STREET ADDRESS 1150 Madruga Ave
14 CITY - ST - ZIP Coral Gables, FL 33146
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE T/D Change Addition
42 NAME Daniel Harring
43 STREET ADDRESS 1200 Mariposa Avenue
44 CITY - ST - ZIP Coral Gables, FL 33146
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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)(k), 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Duys, President 4.03.95 284,8930
Signature, typed or printed name of signing officer or director (Date) (Signature 11/22/94)