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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 761834 (1)

1. Corporation Name

NORWEGIAN SHIPPING CLUB, INC.



Principal Place of Business

Mailing Address

C/O STUART H. ALTMAN ESO
1180 S AMERICA WAY, P.O. BOX 1
MIAMI FL 33132
US

C/O STUART H. ALTMAN ESO
1180 S. AMERICA WAY, P. O. BOX 1
MIAMI FL 33132-2025
US

3. Date Incorporated or Qualified
03/02/1982

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

ALTMAN, STUART H.
175 NW 1ST AVE 11TH FLOOR
MIAMI FL 33128

81 Name
ALTMAN, STUART H.

82 Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd STREET

83 17th floor

84 City
MIAMI

FL

85 Zip Code
33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME NORDH, NILS
STREET ADDRESS C/O ROY. CARIB. CRU. LTD., 1050 CARIB. WAY
CITY-ST-ZIP MIAMI FL 33132

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S DELETE
NAME BORGESMD, ANN M
STREET ADDRESS C/O UNITOR 1001-C NW 15TH DR
CITY-ST-ZIP MIAMI FL

2.1 TITLE SECRETARY Change Addition
2.2 NAME INGER S. GOPLAND
2.3 STREET ADDRESS 96 Royal Caribbean CRUISE LTD. 1050 CARIBBEAN WAY
2.4 CITY-ST-ZIP MIAMI, FL 33132

TITLE D DELETE
NAME BOLSTAD, SVERRE
STREET ADDRESS 199 OCEAN LANE DR, #601
CITY-ST-ZIP KEY BISCAYNE FL

3.1 TITLE VICE-PRESIDENT Change Addition
3.2 NAME BJORN NABRSTAD
3.3 STREET ADDRESS 1001 NORTH AMERICA WAY, #115
3.4 CITY-ST-ZIP MIAMI, FL 33132

TITLE T DELETE
NAME BERGER, NIELS
STREET ADDRESS 1221 BRICKELL AVE, STE 940
CITY-ST-ZIP MIAMI FL

4.1 TITLE TREASURER Change Addition
4.2 NAME GUDRUN S. KARLSEN
4.3 STREET ADDRESS 1001 NORTH AMERICA WAY, #115
4.4 CITY-ST-ZIP MIAMI, FL 33132

TITLE D DELETE
NAME UNDERTHAN, ATLE
STREET ADDRESS 125 NE 9TH ST
CITY-ST-ZIP MIAMI FL

5.1 TITLE D Change Addition
5.2 NAME LEIDULF SOLVIK
5.3 STREET ADDRESS 2144 N.W. 7TH AVENUE
5.4 CITY-ST-ZIP MIAMI, FL 33127

TITLE D DELETE
NAME YINN, SOLEN
STREET ADDRESS 1001 N AMERICA WAY, STE 202
CITY-ST-ZIP MIAMI FL

6.1 TITLE D Change Addition
6.2 NAME ARNE BAEKKELUND
6.3 STREET ADDRESS 2980 NE 19TH STREET
6.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GUDRUN S. KARLSEN *Gudrun S. Karlsen* 2/17/97 (305) 375-8147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/le Phone # 0028906

CR2E037 (9/96)