

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 17 PM 11:16

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **831242** (3)  
1. Corporation Name  
**COMMODORE CRUISE LINE LIMITED**

Principal Place of Business Mailing Address  
**600 DOUGLAS ROAD SUITE 700 CORAL GABLES FL 33134-0180** **600 DOUGLAS ROAD SUITE 700 CORAL GABLES FL 33134-0180**

3. Date Incorporated or Qualified **11/09/1973** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FBI Number	Applied For
21 <b>4000 Hollywood Blvd</b>	26 <b>4000 Hollywood Blvd</b>	<b>59-1490685</b>	Not Applicable
22 <b>385 South</b>	27 <b>385 South</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 <b>Hollywood, Florida</b>	28 <b>Hollywood, Florida</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 <b>33021</b> 25 <b>USA</b>	29 <b>33021</b> 30 <b>USA</b>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
<b>FIELD, STEPHEN 600 DOUGLAS ROAD SUITE 700 CORAL GABLES FL 33134</b>	<table border="1"> <tr> <td>81 Name</td> <td><b>FIELD, Stephen</b></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>3250 Corporate Way</b></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td><b>MIRAMAR FL</b></td> </tr> <tr> <td>85 Zip Code</td> <td><b>33025</b></td> </tr> </table>	81 Name	<b>FIELD, Stephen</b>	82 Street Address (P.O. Box Number is Not Acceptable)	<b>3250 Corporate Way</b>	83		84 City	<b>MIRAMAR FL</b>	85 Zip Code	<b>33025</b>
81 Name	<b>FIELD, Stephen</b>										
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3250 Corporate Way</b>										
83											
84 City	<b>MIRAMAR FL</b>										
85 Zip Code	<b>33025</b>										

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 renouncing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTNER, HANS</b>	1.2 NAME	<b>HARRY Kulovaara</b>
STREET ADDRESS	<b>HANGOVAGEN 20</b>	1.3 STREET ADDRESS	<b>Bulevardi 1A</b>
CITY-ST-ZIP	<b>STOCKHOLM, SWEDEN</b>	1.4 CITY-ST-ZIP	<b>Helsinki, Finland</b>
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHABOT, BERNARD</b>	2.2 NAME	
STREET ADDRESS	<b>800 DOUGLAS ROAD, STE. 700</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTERBERG, HENRIK</b>	3.2 NAME	<b>HENRIK, OSTERBERG</b>
STREET ADDRESS	<b>ETELAWEN MAKASINIK</b>	3.3 STREET ADDRESS	<b>Bulevardi 1A</b>
CITY-ST-ZIP	<b>HELSINKI, FINLAND</b>	3.4 CITY-ST-ZIP	<b>Helsinki, Finland</b>
TITLE	<b>VS</b>	4.1 TITLE	<b>VS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, PATRICK</b>	4.2 NAME	<b>Patrick Doyle</b>
STREET ADDRESS	<b>800 DOUGLAS ROAD</b>	4.3 STREET ADDRESS	<b>4000 Holly wood Blvd 385 S</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	<b>Hollywood, Fl. 33021</b>
TITLE	<b>V</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTOPHER, DAVID</b>	5.2 NAME	<b>delete</b>
STREET ADDRESS	<b>800 DOUGLAS RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANT, PAUL</b>	6.2 NAME	<b>Paul Grant</b>
STREET ADDRESS	<b>800 DOUGLAS RD</b>	6.3 STREET ADDRESS	<b>3250 Corporate Way</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	6.4 CITY-ST-ZIP	<b>Miramara, FL 33025</b>

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 110.07(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 this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Patrick Doyle** 3/30/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR