

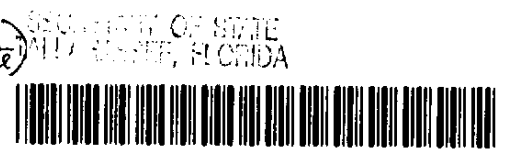
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

RECEIVED
 AUG 29 AM 9:30

PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 831242 (3)
 1. Corporation Name
~~COMMODORE CRUISE LINE LIMITED~~
 EFF JOHN NORTH AMERICA, LIMITED
We had a change of name (see attached certificate)



Principal Place of Business Mailing Address
 4000 HOLLYWOOD BLVD 385 SOUTH HOLLYWOOD FL 33021 US
 4000 HOLLYWOOD BLVD 385 SOUTH HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified 11/08/1973
 3a. Date of Last Report 04/17/1995
 4. FEI Number 59-1490885
 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

2. Principal Place of Business 2a. Mailing Address
 21 1515 N Federal Hwy Suite, Apt. #, etc. 26 1515 N Federal Hwy Suite, Apt. #, etc.
 22 108 City & State 27 108 City & State
 23 Boca Raton, FL 28 Boca Raton, FL
 24 33432 Zip 25 USA Country 29 33432 Zip 30 USA Country

9. Name and Address of Current Registered Agent
 FIELD, STEPHEN
 3250 CORPORATE WAY
 MIRAMAR FL 33025

10. Name and Address of New Registered Agent
 81 Name STEPHEN FIELD
 82 Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd
 83 Suite 385 South
 84 City Hollywood FL 85 Zip Code 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KULOVAARA, HARRY	
STREET ADDRESS	BULEVARDI 1A	
CITY - ST - ZIP	HESINKI FI	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHABOT, BERNARD	
STREET ADDRESS	800 DOUGLAS ROAD, STE. 700	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRIK, OSTERBERG	
STREET ADDRESS	BULEVARDI 1A	
CITY - ST - ZIP	HESINKI FI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DOYLE, PATRICK	
STREET ADDRESS	4000 HOLLYWOOD BLVD, 3855	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, PAUL	
STREET ADDRESS	3250 CORPORATE WAY	
CITY - ST - ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	400001941334
14 CITY - ST - ZIP	-09/06/96--01056--025
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	****233.75 ****233.75
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

P. Alan 8-29-96

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 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: PATRICK DOYLE 8/1/96 (561)394-2114
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Printer's)

CR2E034 (3/96)