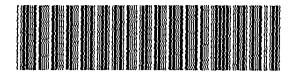
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ADMIRAL CRUISE SER	VICES LIMITED		
	ion - must include suffix)		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matt	er to the following:		
Triton Cruise Services I	nc.		
(Name	of Person)		
Admiral Cruise Services (Firm/C	Limited Ompany)		
·			
1007 N. America Way, Sui	dress)		
(
Miami, FL 33132	38 -9		
(City/State	and Zip code)		
For further information concerning this matter, please	and Zip code)		
OneIl Diaz at (305	358-7860		
(Name of Person) (Area	Code & Daytime Telephone Number)		
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
409 E. Gaines St.	P.O. Box 6327		
Tallabassee, FL 32399	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Servisicate of Status & Certified Copy Certified Copy		



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 15, 2003

TRITON CRUISE SERVICES INC. 1007 N. AMERICA WAY STE. 407 MIAMI, FL 33132

SUBJECT: ADMIRAL CRUISE SERVICES LIMITED

Ref. Number: W03000014048

We have received your document for ADMIRAL CRUISE SERVICES LIMITED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 503A00030102

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

AD!	MIRAL	CRUISE	SERVICES	INCOR	PORA!	TED	٠,			
words or abbr	eviations o	f like import in	word "INCORPOR language as will cle intained in the name	arly indicate	e that it i					•
2. Baham	as			3. 45	-051	3271				
(State or count	ry under th	e law of which	it is incorporated)		(FEI number, if	applicable)			
	25.						·			
(D	ate of incor	poration)		(Durati	on: Yea	r corp. will ceas	se to exist o	r "perpett	al")	
6. Upon						<u> </u>				
		(SEE	If corporation has SECTIONS 607.1	501,607.150)2 and 8		rsert "upon	qualificati	ion.")	
7. 54	me c	as mo	Ulin all	aust						
			(Principal office a	ddress)						
c/o T	riton	Cruise	Services,	1007	N. 1	<u>lmerica</u>	Way,	Miami		L 3313
			(Current mailing a	iddress)			<u>;</u>		03 ≦	6345mm
8. Sale	of foc	d and b	everages.	* <u>- 19</u> 1	- 2	g i gazar - Wi			E	
(Purposo	of corpo	oration authoriz	ed in home state or	country to b	e carried	i out in state of	Florida)	2	٥	Taking
9. Name and <u>sí</u>	rect addr	<u>ess</u> of Florida	registered agen	t: (P.O. Bo	ox or Ma	ail Drop Box J	NOT acce	ptable)	}	
Name:	Micha	el R. M	airuntere	gger			G Z) <u>{</u>	
Office Address:	1007	N. Amer	ica Way,	Suite	407		, <u>p</u>	Ĉ	5	
	Miami			, FI	orida _	33132				
		(City)				(Zip code)				
designated in thi further agree to	med as reg is applicat comply w	gistered agent ion, I hereby ith the provisi	and to accept se accept the appoil ions of all statute pt the obligations	ntment as r s relative to	egistere the pro	d agent and a oper and comp	igree to ac plete perfi	t in this	capaci	ity. I
_		R.:	M. Jan		<u> </u>	100 m	·			
			(Registered agent's	signature)		1 9				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTO	RS
Chairman:	
Address:	
Vice Chairman:	
	 ₹
Address:	
	SALE TRANSPORT
Director:	
Address:	
	N N
B. OFFICERS	* *
President:	Virginia R. Pietro
	44 Palermo Ave., Coral Gables, FL 33134
Vice President	Michael R. Mairunteregger
Address:	11823 S.W. 44th St., Davie, FL 33125
Secretary:	Kenneth F. Claussen
,	Merrick Plaza, Suite 301, Coral Gables, FL 33134
Treasurer:	
Address:	
NOTE: If nece	ssary, you may attach an addendum to the application listing additional officers and/or directors.
13.	M. Noit losses
	(Signature of Chairman, Vice Chairman or any officer listed in number 12 of the application)
14Michale	R. Mairunteregger, Vice President
	(Typed or printed name and capacity of person signing application)

