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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
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Paul Kade asse
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COVER LETTER

COVERLETTER			
TO: Registration Section Division of Corporations			
SUBJECT: GLOBAL CRUISE SHIP TOURS LIMITED			
(Name of corporation - 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 matter to the following:			
PAUL M. KADE			
(Name of Person)			
LAW OFFICES OF PAUL M. KADE			
(Firm/Company)			
9200 SOUTH DADELAND BLVD., SUITE 400			
(Address)			
MIAMI, FLORIDA 33156-2712			
(City/State and Zip code)			
For further information concerning this matter, please call:			
PAUL M. KADE at (305) 670-6929			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy			

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.

(If name unavails	orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate na	me adopted for the purpose of transacting busi	ness in Florida)
	under the law of which it is incorporated)	(FEI number, if applicable)
May 26, 20	004	5 Perpetual	
	of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist	or "perpetual")
5. <u>N/A</u>			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	<u>.</u>
. 19 Main St	treet, Ocho Rios, St. Anne		
	(Principal office		•
9200 Sou	th Dadeland Blvd., Suite	400, Miami, Florida 33156-2	2712
	(Current mailing		
(Purpose(s	of on-shore tours and active of corporation authorized in home state of address of Florida registered agent: (or country to be carried out in state of Florida)	FILED 05 DEC -9: PM 4: 01 SECRE I ART IN STATE TALLAHASSEE, FLORID
Name:	PAUL M. KADE	<u> </u>	ASS.
Office Address:	9200 SOUTH DADELAN	ND BLVD. SUITE 400	PR I
	M{AM}	, Florida 33156-2712 (Zip code)	LORRICOR
	(City)	(Zip code)	DA -
Having been nam designated in this further agree to c	application, I hereby accept the appoint	ervice of process for the above stated corp intment as registered agent and agree to a es relative to the proper and complete per position as registered agent.	ect in this capacity.

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.

Registered agent's signature)

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: COOL CORP LIMITED	
Address: 19 MAIN STREET, Ocho Rios, St. Anne, Jamaica West Indies	.
SAMUEL WIESELBERG	
Address: 15421 WEST DIXIE HIGHWAY, BAY 4	
MIAMI ELOPIDA 33162	
MIAMI, I EUNDA 33102	
B. OFFICERS	
President: NONE	- 755 St
Address:	ECC. P.
	AND THE
Vice President: None	SH P P
Address:	F
	BH 0
Secretary: NONE	
Address:	
Treasurer:	
Address:	
	16 15 .
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
(Signature of Director or Officer listed in number 12 of the application)	77/1/1/1/1/
14. SAMUEL WIESELBERG, Wieselberg (Typed or printed name and capacity of person signing application)	

