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.) APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthago ANNUAL REPORT Secretary of State 1996 AUG 23 PH 4: 25 1996 DIVISION OF CORPORATIONS DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA F93000000222 (0) HALLMARK CRUISE SERVICES, INC. Principal Place of Business Mailing Address 100 S BISCAYNE BLVD 100 S BISCAYNE BLVD MIAM! FL 33131 MIAM/ FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report US 01/20/1993 02/02/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0378238 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 8. This corporation has liability for intangible tax under s 199 032 24 25 29 30 Florida Statutes K Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, WILLIAM P JR 9300 S DADELAND BLVD., SUITE 308 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33156 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for trie purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and tice if applicable (NOTE Begistered Agent signature required when relistating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 13. (3/86) PΩ TITLE DELETE 1.1 TITLE -09/04/36 -0**116**5 ⁷⁷ Ūb3 NAME FRASER, LEWIS A 1.2 NAME CR2E034 ****225.00 ****225.00 100 S BISCAYNE BLVD., STE 700 STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY - ST - ZIP ŠT TITLE X DELETE 2.1 MH F Change X Addition GIESEKING, THOMAS E. NAME William P. Harris, Jr. 2.2 NAME 100 S. BISCAYNE BLVD SUITE 700 STREET ADDRESS 9300 S. Dadeland Blvd., Ste. 308 2.3 STREET ADDRESS MIAM! FL CITY-ST-7/P Miami, FL 33156 2 4 CITY - ST - ZIP TITLE X DELETE 3 1 TITLE Change 🛖 Addition NAME MATOLLA, SALVATORE 3.2 NAME Lewis A. Fraser, II STREET ADDRESS 100 SOUTH BISCAYNE BLVD., SUITE 700 3.3 STREET ADDRESS 100 S. Biscayne Blvd., Ste. 700 MIAMI FL CiTY-ST-ZIP 3.4 CITY - ST - ZIP Miami, FL 33131 TITLE DELETE 41 TATLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-S1-7:P 4.4 CHY - ST - ZIP TILLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAMS STREET ADDRESS 53 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS.

6.4 CHY - ST - ZIP 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 or changed, or on an attachment with an address

OFFICER OR DIRECTOR

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SID

William P. Harris, Jr. 8-7-96 (305) 670