

F95000003312

NEW COMMODORE CRUISE LINE

July 6, 1995

Ms. Freta Lott
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

4000001585154
-07/11/95--01110--005
*****70.00 *****70.00

Dear Ms. Lott:

Enclosed you will find a completed and signed Application by Foreign Corporation for Authorization to Transact Business in Florida; a \$70.00 processing check; and an original Certificate of Compliance issued by Bermuda where New Commodore Cruise Lines Limited is incorporated.

If there is anything else you need to process this application, please feel free to contact me.

Sincerely,

NEW COMMODORE CRUISE LINE



Alan Pritzker
Chief Financial Officer

Enclosures

485-13686

HK 7/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 JUL 11 AM 11:38



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 7, 1995

ALAN PRITZKER
NEW COMMODORE CRUISE LINES
4000 HOLLYWOOD BLVD #385-S
HOLLYWOOD, FL 33021

SUBJECT: NEW COMMODORE CRUISE LINES LIMITED
Ref. Number: W95000013686

We have received your document for NEW COMMODORE CRUISE LINES LIMITED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

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 (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 695A00032886

**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:

1. New Commodore Cruise Lines Limited, Inc.
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Bermuda
(State or country under the law of which it is incorporated)
3. April 13, 1995 4. Perpetual
(Date of Incorporation) (Duration)
5. 65-0596204
(Federal Employer Identification number, if applicable)
6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 4000 Hollywood Blvd., #385-S, Hollywood, FL 33021
(Current mailing address)

8. Cruise line
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: Fred A. Mayer

Address: c/o New Commodore Cruise Lines Limited

4000 Hollywood Blvd., #385-S

Hollywood, FL 33021

Vice Chairman: _____

Address: _____

Director: Jeffrey I. Binder

Address: c/o JemJ Financial Services

9350 S. Dixie Hwy, Suite 1220

Miami, FL 33156

Director: _____

Address: _____

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DIVISION OF CORPORATIONS

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B. Officers:

Fred Mayer

Address: c/o New Commodore Cruise Lines Limited
4000 Hollywood Blvd., #385-S, Hollywood, FL 33021

Vice President: Alan Pritzker

Address: 3099 NW 48th Avenue, #253
Lauderdale Lakes, FL 33313

Secretary: Blanca Santon

Address: c/o JEM Financial Services
9350 S. Dixie Hwy., #1220,
Miami, FL 33156

Treasurer: _____

Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:Name: Fred Mayer

Office Address: 4000 Hollywood Blvd., #385-S
Hollywood, Florida 33021
Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: _____

12. 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.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Fred Mayer, Chief Executive Officer/Chairman
(Name and capacity of person signing application)



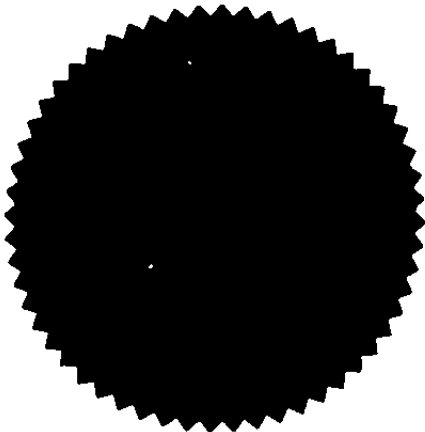
BERMUDA
MINISTRY OF FINANCE
CERTIFICATE OF COMPLIANCE

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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I, Kynn Astwood, **REGISTRAR OF COMPANIES** of the Islands of Bermuda,
do hereby certify that

NEW COMMODORE CRUISE LINES LIMITED

is a Company duly organized and existing under and by virtue of the Laws of the
Islands of Bermuda, and that the Company is, at the date of this Certificate, duly
authorised to exercise therein all the powers vested in that Company.



IN WITNESS WHEREOF I have
set my hand and affix my Official
Seal this 3rd day of July, 1995.

Mr. Kynn Astwood
REGISTRAR OF COMPANIES

F95000003312

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: NEW COMMODORE CRUISE LINES LIMITED INC EIN or SS#: 65-0586204

Address: 4000 Hollywood Blvd. Suite 385 South
Hollywood, Florida 33021

Amount: \$225 Date Paid 7-22-96

Reason for claim: F95000003312 - duplicate
check of the AR

Certified true and correct this 25 day of September, 19 96.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 97358030 dated 7-22-96

Name of Account

4520213000145300000000010000

Statutory Authority for Collection

607

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)