SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600005308 (9)

PRIMEXPRESS CRUISE COMPANY

FILED Sep 16 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 170 OLD COUNTRY ROAD 170 OLD COUNTRY ROAD SUITE 311 SUITE 311 DO NOT WRITE IN THIS SPACE MINEOLA NY 11501 MINEOLA NY 11501 3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1996 2e. Mailing Address 26 2455 E. Sunrise Blvd. 4. FEI Number Applied For 2. Principal Place of Business 2455 E. Sunrise Blvd. 11-3277848 Not Applicable Suite Apt. # etc. Suite 618 Suite, Apt. #, etc. Suite 618 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Fort Lauderdale Fort Lauderdale Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 33304 24 33304 USA USA Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEUSCHLE, BRIAN C 800 SE 3RD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 500 83 FORT LAUDERDALE FL 11501 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 the purpose of changing its regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agen; and tille if applicable. (NOTE: Registered Agent signature required when roinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 K Change Ad DELETE 11 TITLE TITLE KULBACHENKO, OLENA NAME 1.2 NAME 2455 E. Sunrise Blvd., Suite 618 1043 SE 17TH STREET STREET ADDRESS 1.3 STREET ADDRESS Fort Lauderdale, FL FORT LAUDERADLE FL 33304 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Ac. 2.1 JULE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change ___ Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental armus 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on apartial liment with an address.

CICMATURE.

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