


FILED

Sep 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F96000005308 (9)</b>		
1. Corporation Name <b>PRIMEXPRESS CRUISE COMPANY</b>		
Principal Place of Business  <b>170 OLD COUNTRY ROAD</b> <b>SUITE 311</b> <b>MINEOLA NY 11501</b>	Mailing Address  <b>170 OLD COUNTRY ROAD</b> <b>SUITE 311</b> <b>MINEOLA NY 11501</b>	
2. Principal Place of Business <b>2455 E. Sunrise Blvd.</b> Suite, Apt. #, etc. <b>Suite 618</b> City & State <b>Fort Lauderdale</b> Zip                  Country <b>33304                  USA</b>	2a. Mailing Address <b>2455 E. Sunrise Blvd.</b> Suite, Apt. #, etc. <b>Suite 618</b> City & State <b>Fort Lauderdale</b> Zip                  Country <b>33304                  USA</b>	
9. Name and Address of Current Registered Agent		
<b>DEUSCHLE, BRIAN C</b> <b>800 SE 3RD AVENUE</b> <b>SUITE 500</b> <b>FORT LAUDERDALE FL 11501</b>		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required.)</small>		
<b>OFFICERS AND DIRECTORS</b>		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D KULBACHENKO, OLENA</b> <b>1043 SE 17TH STREET</b> <b>FORT LAUDERDALE FL</b>	<input type="checkbox"/> DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP <b>24 Fo</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.		