

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003330**

1. Corporation Name
CUNARD WHITE STAR LIMITED CO.

Principal Place of Business

**3655 NW 87 AVE.
MIAMI FL 33178**

Mailing Address

**3655 NW 87 AVE.
MIAMI FL 33178**

2. Principal Place of Business

21 6100 BLUE LAGOON DRIVE

2a. Mailing Address

26 6100 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

22 Suite 400

Suite, Apt. #, etc.

27 Suite 400

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33126

Country

25 U.S.A.

Zip

29 33126

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**PEREZ, ARNALDO
3655 NW 87 AVE.
MIAMI FL 33178**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

65-0836473

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

PEREZ, ARNALDO

82 Street Address (P.O. Box Number is Not Acceptable)

C/O CARNIVAL CORPORATION

83

3655 N.W. 87th AVENUE

84 City

MIAMI, FL.

FL

85 Zip Code **33178**

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **BRYNESTAD, ATLE**

STREET ADDRESS **3655 NW 87 AVE.**

CITY-ST-ZIP **MIAMI FL 33178**

TITLE **C** ☐ DELETE

NAME **ARISON, MICKY**

STREET ADDRESS **3655 NW 87 AVE.**

CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☐ DELETE

NAME **FRANK, HOWARD S**

STREET ADDRESS **3655 NW 87 AVE.**

CITY-ST-ZIP **MIAMI FL 33178**

TITLE **S** ☐ DELETE

NAME **ASHFORD, MICHAEL B**

STREET ADDRESS **CLARENDON HOUSE, 2 CHURCH ST.**

CITY-ST-ZIP **HAMILTON, BERMUDA**

TITLE **AS** ☐ DELETE

NAME **PEREZ, ARNALDO**

STREET ADDRESS **3655 NW 87 AVE.**

CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **LUND, JORGEN**

1.3 STREET ADDRESS **TOLLBODGATEN 27, SENTRUM N-0103**

1.4 CITY-ST-ZIP **OSLO, NORWAY**

2.1 TITLE **P/CEO/D** ☐ Change ☒ Addition

2.2 NAME **PIMENTEL, LARRY**

2.3 STREET ADDRESS **6100 BLUE LAGOON DRIVE**

2.4 CITY-ST-ZIP **MIAMI, FL 33126**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **HEJE, KNUD**

3.3 STREET ADDRESS **TOLLBODGATEN 27, SENTRUM N-0103**

3.4 CITY-ST-ZIP **OSLO, NORWAY**

4.1 TITLE **COO** ☐ Change ☒ Addition

4.2 NAME **CONOVER, PAMELA**

4.3 STREET ADDRESS **6100 BLUE LAGOON DRIVE**

4.4 CITY-ST-ZIP **MIAMI, FL 33126**

5.1 TITLE **CFO** ☐ Change ☒ Addition

5.2 NAME **BERNSTEIN, DAVID**

5.3 STREET ADDRESS **6100 BLUE LAGOON DRIVE**

5.4 CITY-ST-ZIP **MIAMI, FL 33126**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID BERNSTEIN, CH. FINANCIAL OFFICER 4/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-463-3000

CR2E034 (11/98)

U2589/3

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90210 021 ***300.00

