**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76910 (3)

1. Corporation Name
CRUISE BROKERS, INC.

Principal Place of Business
% KENNETH A. B. TRIPPE
5915 PONCE DE LEON BLVD #16
CORAL GABLES FL 33146

Mailing Address
% KENNETH A. B. TRIPPE
5915 PONCE DE LEON BLVD #16
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21: 2134 FISHER IS. DR.
22: Suite, Apt. #, etc
23: City & State: FISHER IS. FL
24: Zip: 33109 25: Country: USA

2a. Mailing Address
26: 2134 FISHER IS. DR
27: Suite, Apt. #, etc
28: City & State: FISHER IS. FL
29: Zip: 33109 30: Country: USA

4. FEI Number: 65-0204415 ☐ 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 files Intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TRIPPE, KENNETH A.B.
5915 PONCE DE LEON BLVD
#16
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name: TRIPPE, KENNETH A.B.
82 Street Address (P.O. Box Number is Not Acceptable): 2134 FISHER IS. DR.
83:
84 City: FISHER IS. FL 85 Zip Code: 33109

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: Kenneth A.B. Trippe — 26 April 1995
(Signature of person(s) named as registered agent in item 9 above) (BOTH Registered Agent signature and date are mandatory) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| NAME | TRIPPE, KENNETH A.B. | 12 NAME | |
| STREET ADDRESS | 5915 PONCE DE LEON BLVD | 13 STREET ADDRESS | 2134 FISHER IS. DR |
| CITY ST ZIP | CORAL GABLES FL | 14 CITY ST ZIP | FISHER IS. FL 33109 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is validly authorized and 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.

SIGNATURE: Kenneth A.B. Trippe — 26 April 1995 — 305 5385999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)
KENNETH A.B. TRIPPE

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