## FILE NOW: Fee after May 1, will be \$588.75

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1	D LIABILITY COMPANY	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED				
!	1997				97 FEB 11	97 FEB 10 AM 10: 58			
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLIMENT #						SEORETAI TALLAHASI	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
of Limit	1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9600001177								
CT MARITIME SERVICES, L.C. 1007 NORTH AMERICA WAY 4TH FLOOR MIAMI FL 33132  If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.						1007 NOR	1a. Principal Place of Business Address  1007 NORTH AMERICA WAY  4TH FLOOR  VIAMI FL 33132		
	al Place of Business	2a. Mailing Address			3. Date Organia	zed or Qualified	3a. State of Formation		
SA	ME				1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-11/08/1996 FL 4. FEI Number				
City & Stat	te	City & State			□ Applied For □ Not Applicable				
Zip	Country	Country Zip		Country		5. Date of Last	5. Date of Last Report 6. Certificate of Status Des		
7. Name and Address of Current Re			Registered Agent			8. Name and Add	dress of New Re	egistered Agent	
ST. PHILIP, CARL JR					Name				
ST. PH 1007 N 4TH FI			Street Address	ss (P.O. Box Number is Not Acceptable)					
	FL 33132				Sulte, Apt. #, etc.				
					City Zip Code				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renstating)									
10. Title	Managing Members/Managers		<u>T </u>	Business Street Address			City, State and Zip Code		
MORM MGRM									
MGRM	STEINER TRANSOCEAN	L, 4	SUITE 1	04A,	PO BOX	N-9306,	WASSAU,	THE BAHAMAS	
NGRN	Steiner Leisure, Limited	7	Suite 1	DYA,	PO Box	N-9306,	Wassau,	The Bahamas	
		Sorte	1			10	888	0 <b>960614</b> /97 <b></b> 01003013	
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11. Ido hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.									
SIGNATURE: SIGNATURE AND TYPED OF STRING MANAGING MEMBER OR MANAGER MANAGER Date 1. 27.97 Daysing Phone 3532									