FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # M56639 (1)

1. Corporation Name
CRUISE VENTURES INC.

Principal Place of Business	Mailing Address
% CARLOS F. LIMA 4101 PINE TREE APT. 1114 MIAMI FL 33140	% CARLOS F. LIMA 4101 PINE TREE APT. 1114 MIAMI FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 C/O LESLIE ALAN ROZENCWAIG, P.A.	LESLIE ALAN ROZENCWAIG, P.A.
Suite, Apt. #, etc. 22 250. BISCAYNE BLVD, STE 3270	Suite, Apt. #, etc. 27 250. BISCAYNE BLVD, #3270
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33131 / 25 DADE	Zip / Country 29 33131 / 30 DADE

4. FEI Number: 59-2830811 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LIMA, CARLOS F.
4101 PINE TREE
APT 1114
MIAMI FL 33140

10. Name and Address of New Registered Agent

81 Name: LESLIE ALAN ROZENCWAIG, ESQ.
82 Street Address (P.O. Box Number Is Not Acceptable): LESLIE ALAN ROZENCWAIG, P.A.
83: 250. BISCAYNE BLVD, STE 3270
84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Leslie Alan Rozencwaig 2/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	LIMA, CARLOS F.	1.2 NAME	
STREET ADDRESS	4101 PINE TREE DR. #1114	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LIMA, CARMEN	2.2 NAME	
STREET ADDRESS	4101 PINE TREE DR. #1114	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: C.L.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140072 CP