


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34396** (4)
1. Corporation Name
ROYAL CARIBBEAN CRUISE LINE CHARITIES INC.

Principal Place of Business 1050 CARIBBEAN WAY C/O LEGAL DEPARTMENT MIAMI FL 33132	Mailing Address 1050 CARIBBEAN WAY C/O LEGAL DEPARTMENT MIAMI FL 33132
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3. Date Incorporated or Qualified
09/28/1989

4. FEI Number
65-0171863

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SMITH, MICHAEL J.
1050 CARIBBEAN WAY
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-nating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	FAIN, RICHARD D.
STREET ADDRESS	1050 CARIBBEAN WAY
CITY - ST - ZIP	MIAMI FL 33132
TITLE	D <input type="checkbox"/> DELETE
NAME	MCLEOD, RODERICK K.
STREET ADDRESS	1050 CARIBBEAN WAY
CITY - ST - ZIP	MIAMI FL 33132
TITLE	V <input type="checkbox"/> DELETE
NAME	FOX, JOHN
STREET ADDRESS	1050 CARIBBEAN WAY
CITY - ST - ZIP	MIAMI FL 33132
TITLE	T <input type="checkbox"/> DELETE
NAME	DUBBIN, KENNETH
STREET ADDRESS	1050 CARIBBEAN WAY
CITY - ST - ZIP	MIAMI FL 33132
TITLE	S <input type="checkbox"/> DELETE
NAME	SMITH, MICHAEL J
STREET ADDRESS	1050 CARIBBEAN WAY
CITY - ST - ZIP	MIAMI FL 33132
TITLE	D <input type="checkbox"/> DELETE
NAME	STEPHAN, EDWIN W
STREET ADDRESS	1050 CARIBBEAN WAY
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Michael J. Smith, Secretary** 4/14/98 (305) 539-6630

CR2E037 (10/97)