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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 12:49

DOCUMENT # P14096 (2)

1. Corporation Name
KLOSTER CRUISE LIMITED, A BERMUDA CORPORATION

Principal Place of Business
95 MERRICK WAY
CORAL GABLES FL 33134

Mailing Address
ATTN: R.M. KRITZMAN
95 MERRICK WAY
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/17/1987
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-2786897 ☐ 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

GONZALEZ-PITA, J. ALBERTO, ESQ.
WHITE & CASE
200 S BISCAYNE BLVD.
MIAMI FL 33131

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ARON, ADAM M	1.2 NAME	
STREET ADDRESS	95 MERRICK WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	☐ Change ☐ Addition
NAME	KLOSTER, EINAR	2.2 NAME	
STREET ADDRESS	ASBAKKEN 5 0382	2.3 STREET ADDRESS	
CITY-ST-ZIP	OSLO, NORWAY	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIS, WENDELL MALCOLM	3.2 NAME	
STREET ADDRESS	REID HOUSE CHURCH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON, BERMUDA	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	☐ Change ☐ Addition
NAME	WALTERS, ROBERT G.	4.2 NAME	
STREET ADDRESS	95 MERRICK WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	KRITZMAN, ROBERT M.	5.2 NAME	
STREET ADDRESS	95 MERRICK WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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: _____ Robert M. Kritzman 2/6/95 (305) 460-3867
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0141068 CP