

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P14096** (2)  
1. Corporation Name  
**NORWEGIAN CRUISE LINE LIMITED, A BERMUDA CORPORATION**



Principal Place of Business Mailing Address  
**7665 Corporate Center Drive Miami, FL 33126**  
**c/o Robert M. Kritzman 7665 Corporate Center Dr. Miami, Florida 33126**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/17/1987</b>		3a. Date of Last Report <b>04/29/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2786897</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GONZALEZ-PITA, J. ALBERTO, ESQ. WHITE &amp; CASE 200 S BISCAYNE BLVD. MIAMI FL 33131</b>				10. Name and Address of New Registered Agent			
81 Name				Curtis J. Mase, Esq.			
82 Str				CHAFFE, McCALL, PHILLIPS, TOLER & SARP, L.L.P.			
83				2600 Brickell Bay Office Tower			
84 Cit				1001 S. Bayshore Drive Miami, Florida 33131			

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4/11/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<b>HANS E. Gotheus</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ARON, ADAM M.</b>		1.2 NAME				
STREET ADDRESS	<b>95 MERRICK WAY</b>		1.3 STREET ADDRESS	<b>7665 Corporate Center Dr.</b>			
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		1.4 CITY-ST-ZIP	<b>Miami, Florida 33126</b>			
TITLE	DC	<input type="checkbox"/> DELETE	2.1 TITLE	<b>KRISTIAN STEIN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KLOSTER, EINAR</b>		2.2 NAME				
STREET ADDRESS	<b>ASBAKKEN 5-0302</b>		2.3 STREET ADDRESS	<b>7665 Corporate Center Dr.</b>			
CITY-ST-ZIP	<b>OSLO, NORWAY</b>		2.4 CITY-ST-ZIP	<b>Miami, Florida 33126</b>			
TITLE	DVP	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOLLIS, WENDELL MALCOLM</b>		3.2 NAME				
STREET ADDRESS	<b>REID HOUSE CHURCH ST.</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>HAMILTON, BERMUDA</b>		3.4 CITY-ST-ZIP				
TITLE	EVP	<input type="checkbox"/> DELETE	4.1 TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WALTERS, ROBERT G.</b>		4.2 NAME	<b>LAMARR COOLER</b>			
STREET ADDRESS	<b>95 MERRICK WAY</b>		4.3 STREET ADDRESS	<b>7665 Corporate Center Dr.</b>			
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		4.4 CITY-ST-ZIP	<b>Miami, Florida 33126</b>			
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<b>V S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KRITZMAN, ROBERT M.</b>		5.2 NAME				
STREET ADDRESS	<b>95 MERRICK WAY</b>		5.3 STREET ADDRESS	<b>7665 Corporate Center Dr.</b>			
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		5.4 CITY-ST-ZIP	<b>Miami, Florida 33126</b>			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* Robert M. Kritzman 4/7/97 (305) 436-4651  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)