

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90084 021 \*\*\*150.00

DOCUMENT # P14096

1. Corporation Name

NORWEGIAN CRUISE LINE LIMITED, A BERMUDA CORPORATION

Principal Place of Business

7665 CORPORATE CENTER DR  
MIAMI FL 33126  
US

Mailing Address

%ROBERT M KRITZMAN  
7665 CORPORATE CENTER DR  
MIAMI FL 33126  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1987

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MASE, CURTIS J ESQ  
2600 BRICKELL BAY OFFICE TOWER  
1001 S BAYSHORE DR  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS 7665 CORPORATE CENTER DR  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DC  
STREET ADDRESS SIEM KRISTIAN  
CITY-ST-ZIP 7665 CORPORATE CENTER DR  
MIAMI FL

TITLE ☐ DELETE

NAME DVP  
STREET ADDRESS HOLLIS, WENDELL MALCOLM  
CITY-ST-ZIP REID HOUSE CHURCH ST.  
HAMILTON, BERMUDA

TITLE ☐ DELETE

NAME EVP  
STREET ADDRESS COOLER, LAMARR  
CITY-ST-ZIP 7665 CORPORATE CENTER DR  
MIAMI FL

TITLE ☐ DELETE

NAME VS  
STREET ADDRESS KRITZMAN, ROBERT M.  
CITY-ST-ZIP 7665 CORPORATE CENTER DR  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Geir Aune

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Kritzman

Date

Daytime Phone #

1-20-99 (305) 436-4651

CR2E034 (11/98)