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

APPROVED AND FILED
95 APR 26 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31625** **(7)**

1. Corporation Name
COSTA CRUISE LINES N.V.

Principal Place of Business
WORLD TRADE CENTER
80 SOUTHWEST 8TH STREET
MIAMI FL 33130

Mailing Address
WORLD TRADE CENTER
80 SOUTHWEST 8TH STREET
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1990**
3a. Date of Last Report: **04/05/1994**

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: **65-0221239** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHIBUOLA, UBALDO	1.2 NAME	
STREET ADDRESS	80 SW 8TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	VS ☒ Change ☐ Addition
NAME	CHRISTOPHER, DAVID	2.2 NAME	Christopher, David
STREET ADDRESS	80 SW 8TH STREET	2.3 STREET ADDRESS	80 SW 8th Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GALEF, STEVEN A.	3.2 NAME	
STREET ADDRESS	711 THIRD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	TV ☒ Change ☐ Addition
NAME	LEVITAN, EDWARD	4.2 NAME	Falco, Joseph
STREET ADDRESS	80 S.W. 8TH STREET	4.3 STREET ADDRESS	80 SW 8th Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Florida
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	COSTA, GIACOMO, IV	5.2 NAME	
STREET ADDRESS	%VIA G. D'ANNUZIO 2	5.3 STREET ADDRESS	
CITY-ST-ZIP	GENOA, ITALY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COSTA, NICOLA	6.2 NAME	
STREET ADDRESS	%VIA G. D'ANNUZIO 2	6.3 STREET ADDRESS	
CITY-ST-ZIP	GENOA, ITALY	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: _____ UBALDO, SCHIBUOLA 4/11/95 305-358-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187093 CP