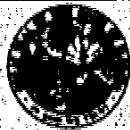


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHIBUOLA, UBALDO
STREET ADDRESS	80 SW 8TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	CHRISTOPHER, DAVID
STREET ADDRESS	80 SW 8TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	GALEF, STEVEN A.
STREET ADDRESS	711 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	TV
NAME	LEVITAN, EDWARD
STREET ADDRESS	80 S.W. 8TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	COSTA, GIACOMO, IV
STREET ADDRESS	%VIA G. D'ANNUNZIO 2
CITY-ST-ZIP	GENOA, ITALY
TITLE	D
NAME	COSTA, NICOLA
STREET ADDRESS	%VIA G. D'ANNUNZIO 2
CITY-ST-ZIP	GENOA, ITALY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VS Christopher, David
2.3 STREET ADDRESS	80 SW 8TH STREET
2.4 CITY-ST-ZIP	Miami, Florida
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	TV Falco, Joseph
4.3 STREET ADDRESS	80 SW 8TH STREET
4.4 CITY-ST-ZIP	Miami, Florida
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 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBALDO SCHIBUOLA

4/11/95

305-358-1325
Daytime Phone #