

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 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90046 036 \*\*\*150.00

**DOCUMENT # P33090**

1. Corporation Name

**CRYSTAL CRUISES, INC.**

Principal Place of Business

**2049 CENTURY PARK E  
SUITE 1400  
LOS ANGELES CA 90067  
US**

Mailing Address

**2049 CENTURY PARK E  
SUITE 1400  
LOS ANGELES CA 90067  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/11/1991**

4. FEI Number

**95-4156825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	TAKENO, HIROYUKI	
STREET ADDRESS	18013 SEAREEF DR	
CITY-ST-ZIP	PACIFIC PALISADES CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATTERS, JOSEPH A	
STREET ADDRESS	2173 MANDEVILLE CANYON RD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAKAHASHI, MITSUHIKO	
STREET ADDRESS	449 SOUTH ARDEN BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAITO, YASUSHI	
STREET ADDRESS	4612 GLENCOE AVE STE 4	
CITY-ST-ZIP	MARINA DEL RAY CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOSHI, EJI	
STREET ADDRESS	217 S DOHENY DR, #7	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Michel, Gregg L.	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2049 Century Park E, Suite 1400	
CITY-ST-ZIP	Los Angeles, CA 90067	

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sakuma, Naomasa	
1.3 STREET ADDRESS	2049 Century Park E, Suite 1400	
1.4 CITY-ST-ZIP	Los Angeles, CA 90067	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Duncan, Douglas E.	
2.3 STREET ADDRESS	2049 Century Park E, Suite 1400	
2.4 CITY-ST-ZIP	Los Angeles, CA 90067	
3.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gordon, Dale T.	
3.3 STREET ADDRESS	2049 Century Park E, Suite 1400	
3.4 CITY-ST-ZIP	Los Angeles, CA 90067	
4.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wertanzl, Dietmar	
4.3 STREET ADDRESS	2049 Century Park E, Suite 1400	
4.4 CITY-ST-ZIP	Los Angeles, CA 90067	
5.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hammer, Harold	
5.3 STREET ADDRESS	2049 Century Park E, Suite 1400	
5.4 CITY-ST-ZIP	Los Angeles, CA 90067	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Morris, David	
6.3 STREET ADDRESS	2049 Century Park E, Suite 1400	
6.4 CITY-ST-ZIP	Los Angeles, CA 90067	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99  
310/785-9300  
Daytime Phone #

CR2E034 (1/98)