SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 25 AM 8:04

DOCUMENT # **F93000000476 (2)**

1. Corporation Name
SILVERSEA CRUISES LTD (INC)

Principal Place of Business	Mailing Address
110 EAST BROWARD BOULEVARD FT LAUDERDALE FL 33301	110 EAST BROWARD BOULEVARD FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/25/1993**
3a. Date of Last Report: **09/30/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **65-0377054** ☐ 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

C T 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	C	11 TITLE	☐ Change ☐ Addition
NAME	COSTA, GIACOMO	12 NAME	
STREET ADDRESS	VIA ASSAROTTI, 52	13 STREET ADDRESS	
CITY-ST-ZIP	GENOA, ITALY	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	PEDELABORDE, DANIEL	22 NAME	
STREET ADDRESS	110 EAST BROWARD BOULEVARD	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, THOMAS	32 NAME	
STREET ADDRESS	110 E. BROWARD BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	BLAND, JOHN	42 NAME	
STREET ADDRESS	110 E. BROWARD BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TERREVAZZI, MAURO	52 NAME	
STREET ADDRESS	% VLASOV SHIPPIN S.A.M. P.O. BOX 628	53 STREET ADDRESS	
CITY-ST-ZIP	MONACO	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	PETAS, WILLIAM	62 NAME	
STREET ADDRESS	110 EAST BROWARD BOULEVARD	63 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ William Petas 6/21/95 305 522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 4477
VP Finance

0070760 CP