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 MAY -1 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015251 (0)**

1. Corporation Name
NAUTILUS CRUISES, INC.

Principal Place of Business	Mailing Address
201 WILLIAM ST. KEY WEST FL 33040 US	513 WHITEHEAD STREET TOWER #4 #2504 KEY WEST FL 33040 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1993
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 2101 S. OCEAN DR.
22 Suite, Apt. #, etc. TOWER 4, #2504
23 City & State HOLLYWOOD, FL
24 Zip 33019 25 Country U.S.A.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number 65-0393028 ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BARNES, MICHAEL R. (P.
513 WHITEHEAD STREET
KEY WEST FL 33040**

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 mail/faxing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	DELVALLE, ALFRED	12 NAME	
STREET ADDRESS	210 N. OCEAN DR.,TWR.4, #2504	13 STREET ADDRESS	2101 S. OCEAN DR., TOWER 4, # 2504
CITY-ST ZIP	HOLLYWOOD FL 33019	14 CITY-ST ZIP	HOLLYWOOD, FL 33019
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	DELVALLE, CLAUDETTE	22 NAME	
STREET ADDRESS	210 N. OCEAN DR.,TWR.4, #2504	23 STREET ADDRESS	2101 S. OCEAN DR., TOWER 4, # 2504
CITY-ST ZIP	HOLLYWOOD FL 33019	24 CITY-ST ZIP	HOLLYWOOD, FL 33019
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, JORGE L.	32 NAME	
STREET ADDRESS	2954 AVENTURA BOULEVARD	33 STREET ADDRESS	
CITY-ST ZIP	MIAMI FL	34 CITY-ST ZIP	
TITLE	P	41 TITLE	☒ Change ☐ Addition
NAME	DE LA GUARDIA, CARLOS	42 NAME	
STREET ADDRESS	904 FLAGLER AVENUE	43 STREET ADDRESS	513 WHITEHEAD ST.
CITY-ST ZIP	KEY WEST FL	44 CITY-ST ZIP	KEY WEST, FL 33040
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST ZIP		54 CITY-ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST ZIP		64 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: ✓ CARLOS de la GUARDIA PRESIDENT 4-21-95 (305) 296-5297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000047 CP