

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068409 (0)

1. Corporation Name

CRUISE SERVICES INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 AM 10:19



Principal Place of Business

Mailing Address

6489 SOUTHWEST SUNSET DRIVE
SOUTH MIAMI FL 33143
US

6489 SOUTHWEST SUNSET DRIVE
SOUTH MIAMI FL 33143
US

2. Principal Place of Business

21 JSS NE 15 ST

Suite, Apt. #, etc.

22 APT 33A

City & State

23 MIAMI, FL

Zip

24 3313Y

Country

25 USA

2a. Mailing Address

26 C/O GOULD JSS NE 15 ST

Suite, Apt. #, etc.

27 APT 33A

City & State

28 MIAMI, FL

Zip

29 3313Y

Country

30 USA

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0477631

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME D
GOULD, DAVID F
STREET ADDRESS 6489 SOUTHWEST SUNSET DRIVE
CITY-STATE-ZIP SOUTH MIAMI FL

13. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

14. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

15. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

16. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

17. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

2. NAME
3. STREET ADDRESS JSS NE 15 ST, APT 33A 15C
4. CITY-STATE-ZIP MIAMI, FL 3313Y

5. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY-STATE-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

9/10/96

305-377-1951

Date

Daytime Phone

CR2E034 (12/95)