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 # P94000005556 (3)

1. Corporation Name

CRUISEAWAY, INC.

Principal Place of Business: ~~% LESLIE ALAN ROZENCWAIG, P.A. 2 S. BISCAYNE BLVD., SUITE 3270 MIAMI FL 33131~~

Mailing Address: ~~% LESLIE ALAN ROZENCWAIG, P.A. 2 S. BISCAYNE BLVD., SUITE 3270 MIAMI FL 33131~~

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report: 02/23/1995

2. Principal Place of Business
21 169 EAST FLAGLER ST.
Suite, Apt. #, etc
22 STE 1622
City & State
23 MIAMI, FLORIDA
Zip 24 33131 Country 25 US

2a. Mailing Address
26 169 EAST FLAGLER ST.
Suite, Apt. #, etc.
27 STE 1622
City & State
28 MIAMI, FLORIDA
Zip 29 33131 Country 30 US

4. FEI Number: 65-0471162 ☐ 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

ROZENCWAIG, LESLIE ALAN, P.A.
2 SO. BISCAYNE BLVD., SUITE 3270
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: LESLIE ALAN ROZENCWAIG, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1 S.E. 3RD AVE.
83 STE 960
84 City: MIAMI FL 85 Zip Code: 33131

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] DATE 1/26/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	BATALHA, WILLIAM J. M	
STREET ADDRESS	~~% 2 SOUTH BISCAYNE BLVD, SUITE 3270~~	
CITY-ST-ZIP	~~MIAMI FL 33131~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	169 EAST FLAGLER ST., STE 1622	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	700001744337	
4.3 STREET ADDRESS	-03/15/96--01034--003	
4.4 CITY-ST-ZIP	***200.00	
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		

CR2E034 (12/95)

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)(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] March 8/96 (305) 373-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #