

DOCUMENT # P94000005556			
1. Entity Name CRUISEAWAY, INC.			
Principal Place of Business 169 EAST FLAGLER ST. SUITE-1622 MIAMI FL 33131		Mailing Address 169 EAST FLAGLER ST. SUITE-1622 MIAMI FL 33131-1211	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
WILLIAM J BATALHA 169 E FLAGLER ST #1622 MIAMI FL 33131			Name
			Street Address (if different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
TITLE	PSTD BATALHA, WILLIAM J. M 169 EAST FLAGLER ST., STE-1622 MIAMI FL 33131	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> REQUIRE 25.00			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR			

SIGNATURE: *[Signature]* 4/25-00 4/17/00 (305) 373 0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRF Date Daytime Phone #

CR2E034 (9/99)