

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
GARY A. MONTGOMERY  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3:23

**DOCUMENT # P94000049705 (4)**

1. Corporation Name

**STARLIGHT CRUISES INTERNATIONAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2885 NW 206TH ST.  
MIAMI FL 33056**

Mailing Address

**2885 NW 206TH ST.  
MIAMI FL 33056**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

**07/05/1994**

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

**65-0532047**

Applied for

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

23

27

8. This corporation has liability for intangible tax under S. 199.042,  
Florida Statutes. ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, EUNICE  
2885 NW 206TH ST.  
MIAMI FL 33056**

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 607.04(2) and 607.15(1)(b), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 607.04(2), Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent, if any, must appear on this filing)

(Signature of New Registered Agent, if any, must appear on this filing)

(Signature of Officer or Director, if any, must appear on this filing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

|                   |                                                                            |
|-------------------|----------------------------------------------------------------------------|
| 1. NAME           | <b>D<br/>MILLER, EUNICE<br/>2885 NW 206TH ST.<br/>MIAMI FL 33056</b>       |
| 2. STREET ADDRESS | <b>D<br/>MILLER, ANICE<br/>C/O 2885 NW 206TH ST.<br/>MIAMI FL 33056</b>    |
| 3. CITY           | <b>D<br/>MILLER, ILKANICE<br/>C/O 2885 NW 206TH ST.<br/>MIAMI FL 33056</b> |
| 4. NAME           | <b>D<br/>MILLER, LAWREN<br/>C/O 2885 NW 206TH ST.<br/>MIAMI FL 33056</b>   |
| 5. STREET ADDRESS |                                                                            |
| 6. CITY           |                                                                            |
| 7. NAME           |                                                                            |
| 8. STREET ADDRESS |                                                                            |
| 9. CITY           |                                                                            |

|                   |  |                                                                   |
|-------------------|--|-------------------------------------------------------------------|
| 1. NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. CITY           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. CITY           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. CITY           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

*Miller, Lawrence*

*correct name  
SPC 11/11/95*

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), 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 on Block 12 or Block 13 if changed, or on an attached form with an address.

**SIGNATURE:**

*Eunice Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/95*

*305-625-1113*