SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE B/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P94000050610 (2) ROYAL TAHITIAN CRUISES, INC. Principal Place of Business Mailing Address 1390 S DIXIE HWY 1390 S DIXIE HWY 2114 CORAL GABLES FL 33146 CORAL GABLES FL 33146 3. Date incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 07/05/1994 10/30/1995 2a. Mailing Address 4. FEI Number 21 26 Applied For 65-0613844 Suite, Apt #, etc Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 27 5. Certificate of Status Desired City & State Fee Required City & State 23 6. Election Campaign Financing \$5.00 May Be 28 Zin Trust Fund Contribution Country Added to Fees Zip Country 24 8. This corporation has liability for intangible to 25 29 x under s. 199 032 30 9. Name and Address of Current Registered Agent Fiorida Statutes Yes No 10. Name and Address of New Registered Agent MAC GARVEY, DOUGLAS H. 81 Name 1390 S DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) 2114 CORAL GABLES FL 33146 83 84 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 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, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstanting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (36/8)DELETE 1.1 TIFLE NAME MAC GARVEY, DOUGLAS H. Change Addition 1.2 NAME STREET ADDRESS 1390 S DIXIE HWY - 2114 CR2E034 1.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 1 4 CHTY - ST - ZIP TITLE DELETE 2.1 INTER NAME Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE NAME Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY - ST - ZIP TITLE DELETE 4.1 THE NAME Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 THILE NAME Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE NAME Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(k). Florida Statutes I further certify that the information indicated on I is annual report in supplemental annual report is true and accurate and that my signature shall have the same legal effect as if that my name appears in thock I of Block It if changed for or an attachment with an address SIGNATURE: 6/19/96 (305)663-9072