FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAR -7 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069267 (0)

1. Corporate Name

ROYAL CARIBBEAN DISTRIBUTORS, INC. II

Principal Place of Business	Mailing Address
12180 N.W. 27TH STREET PLANTATION FL 33323	12180 N.W. 27TH STREET PLANTATION FL 33323

3. Date Incorporated or Qualified: 09/19/1994

3a. Date of Last Report

4. FEI Number: 65-0526424 ~~X SS# 097-59-8279~~ — 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: X Yes ☐ No

2. Principal Office (21–25) — 2a. Mailing Address (26–30): blank

9. Name and Address of Current Registered Agent

ROY, NARINEDAT
12180 N.W. 27TH STREET
PLANTATION FL 33323

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 ______ DATE ______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: ROY, NARINEDAT STREET ADDRESS: 12180 N.W. 27TH STREET CITY-ST-ZIP: PLANTATION FL 33323	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, with all other like empowered.

SIGNATURE: *[signature]* NARINEDAT ROY 2-10-95 305 923-5456

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

0231400 CP