

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # P94000084414 (9)

1. Corporation Name

VENTURE CRUISE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

44 W FLAGLER ST
18TH FLOOR
MIAMI FL 33130

44 W FLAGLER ST
18TH FLOOR
MIAMI FL 33130

2. Principal Place of Business

21 701 Brickell Ave.

2a. Mailing Address

26 701 Brickell Ave.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 1600

27 Suite 1600

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Zip

Country

Country

24 33131

25 U.S.A.

29 33131

30 U.S.A.

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

04/04/1995

4. FEI Number

65-0542906

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

10. Name and Address of New Registered Agent

CLAUSSEN, KENNETH F
44 W FLAGLER ST
18TH FLOOR
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue, Suite 1600

83

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LACAPRA, JOHN R
STREET ADDRESS 2655 LEJEUNE RD SUITE 500
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE
NAME YANIZ, HENRY JR
STREET ADDRESS 2655 LEJEUNE RD SUITE 500
CITY-ST-ZIP CORAL GABLES FL 33134

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

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 250 Catalonia, Suite 404
14 CITY-ST-ZIP Coral Gables, FL 33134

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 250 Catalonia, Suite 404
24 CITY-ST-ZIP Coral Gables, FL 33134

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

HENRY YANIZ, JR.

7-31-96 305-461-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)