

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000087138 (1)**

1. Corporation Name

**ECO CRUISE LINE, INC.**

**FILED**

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

Principal Place of Business: **1507 SOUTH UNIVERSITY DRIVE SUITE C PLANTATION FL 33324**  
Mailing Address: **1507 SOUTH UNIVERSITY DRIVE SUITE C PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>12/01/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0540008</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. #, etc.	26. <b>P.O. BOX 15351</b>
22. City & State	27. <b>PLANTATION</b>
24. Zip	29. <b>33318</b>
25. Country	30. <b>BROWARD</b>

9. Name and Address of Current Registered Agent

**AMERILWAYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name <b>LESLIE R. FABARA</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1507 S. UNIVERSITY DR SUITE C</b>
83. City <b>PLANTATION</b>
84. State <b>FL</b>
85. Zip Code <b>33324</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: *Leslie R. Fabara-Dassum* **LESLIE R. FABARA** **7/17/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FABARA-DASSUM, LESLIE R</b>	2. NAME	
STREET ADDRESS	<b>1507 SOUTH UNIVERSITY DRIVE, SUITE C</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>PLANTATION FL 33324</b>	4. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the declarant, certify that the information supplied with this filing is voluntarily furnished and deemed credible for the reasons stated in Section 119.07(3)(b), 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 holder of a trust or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or both, in attachment with an address.

SIGNATURE: *Leslie R. Fabara-Dassum* **LESLIE R. FABARA-DASSUM** **7/17/95** **(305) 973-9008**