Apr-28-97 01:42P NEW SEAESCAPE CRUISE INC 954-920

FILED
Jun 03 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT ~~1997~~ 1998

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

DOCUMENT # P95000018290

1. Corporation Name
Poseidon International Services, Inc.
4770 Biscayne Boulevard, Suite 870
Miami, FL 33137

Principal Place of Business — Mailing Address

4770 Biscayne Boulevard, Suite 870
Miami, FL 33137

[redacted]

2. Principal Place of Business	2a. Mailing Address
21 ~~4770 Biscayne Boulevard~~	25 ~~4770 Biscayne Blvd.~~
Suite, Apt. #, etc. 22 Suite ~~870~~ 680	Suite, Apt. #, etc. 27 Suite ~~870~~ 680
City & State 23 Miami, FL 33137	City & State 28 Miami, FL 33137
Zip 24 33137 — Country 25 USA	Zip 29 33137 — Country 30 USA

3. Date Incorporated or Qualified: March 7, 1995
3a. Date of Last Report: ** instatement
4. FEI Number: 65-0649937 — 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

James W. Stroup, P.A.
119 SE 12th Street
Ft. Lauderdale, FL 33316

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	President/Treasurer/Secretary ☐ DELETE
NAME	Peter K. Lobnig
STREET ADDRESS	555 N.E. 34th St. #901
CITY-ST-ZIP	~~Miami, FL 33137~~
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
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TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E034 (9/96)

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 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.

SIGNATURE: ______ 04/28/98 (305) 576-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

~~Peter~~ K. ~~LObnig~~
President

[redacted]