

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032522

1. Corporation Name

MIAMI CRUISESHIP SERVICE CORPORATION

Principal Place of Business

9931 Costa Del Sol Blvd.
Miami, Florida 33178

Mailing Address

9931 Costa Del Sol Blvd.
Miami, Florida 33178

FILED

36 JUN 24 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 1007 North America Way

2a. Mailing Address

26 (same)

Suite Apt #, etc

Suite Apt #, etc

22 City & State

23 Miami, Florida

27 City & State

28

24 Zip

24 33132

Country

25 USA

29 Zip

29

Country

30

3. Date Incorporated or Qualified
04/21/95

3a. Date of Last Report

4. FEI Number

65-0577110

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

HKES&F REGISTERED AGENT CORP.
2601 S. Bayshore Drive.
Suite 600
Miami, Florida 33133

81 Name

82 HKES&F REGISTERED AGENT CORP.

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

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 (NAME CHANGE ONLY - NO SIGNATURE REQUIRED)

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 D ☐ DELETE

NAME Carlota Efergan
STREET ADDRESS 9931 Costa Del Sol Blvd.
CITY-ST-ZIP Miami, Florida 33178

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

D/P/S/T

Carlota Efergan

1007 North America Way

Miami, Florida 33132

200001877552

-06/27/96--01022--005

****225.00 ****225.00

☐ Change

☐ Addition

200001877552

-06/27/96--01022--005

*****17.50 *****17.50

☐ Change

☐ Addition

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 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, changed, or on an attachment with an address.

SIGNATURE: Carlota Efergan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/21/96

(305) 371-2208

DATE

System Phone #