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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



P95000032522

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90072 029 ***158.75

FILED

MIAMI CRUISESHIP SERVICE CORPORATION Mailing Address Principal Place of Business 1007 NORTH AMERICA WAY 1007 NORTH AMERICA WAY MIAMI FL 33132 MIAMI FL 33132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0577110 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PEREZ-DOUK HKE&F REGISTERED AGENT CORP. Street Address (P.O. Box Number is Not Acceptable) 82 2601 SOUTH BAYSHORE DRIVE Ν. SUITE 600 MIAMI FL 33133 85 Zip Code 33132 84 City Mismi 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 stered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ■ Addition ☐ DELETE 1.1 TITLE TITLE PEREZ-DOUK, CARLOTA 1.2 NAME NAME 1007 N AMERICA WAY - Suite 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33132 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ¬ ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 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 607, Florida Statutes; and that my name appears in ed? or on an attachment with an address, with all other like empowered Block 12 or Block 13 if char

6.4 CITY-ST-ZIP

SIGNATURE: