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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063038 (0)

1. Corporation Name

INTERNATIONAL CRUISESHIP AGENCY, INC.



Principal Place of Business

111 BRINY AVE., PENTHOUSE 17
POMPANO BEACH FL 33062

Mailing Address

111 BRINY AVE., PENTHOUSE 17
POMPANO BEACH FL 33062

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

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Zip

Country

Zip

Country

24

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGEN, FRITZ
111 BRINY AVE., PENTHOUSE 17
POMPANO BEACH FL 33062

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 607.0632 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of Registered Agent (if applicable)

Date of Registered Agent's signature (if applicable)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

13. ☐ Change ☐ Addition

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11 NAME

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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 607.03(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fritz Bogen FRITZ BOGEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (954)783-4656
DATE DAYTIME PHONE

CR2E034 (12/95)