Mar-11-99 04:24P AMENDED P.02

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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99 MAR 12 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064385

1. Corporation Name

OCEAN CRUISES MANAGEMENT INC.

Principal Place of Business	Mailing Address
1015 N. AMERICA WAY SUITE 128 MIAMI, FL 33132	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0778327 — Applied For ☐ Not Applicable
21	26	
Suite Apt. #, etc.	Suite Apt. #, etc.	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
22	27	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
23	28	
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No
24 / 25	29 / 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EMILIO TSOLOPOULOS 1015 N. AMERICA WAY SUITE 128 MIAMI, FL 33132	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 _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MAGDA TSOLOPOULOS 1015 N. AMERICA WAY SUITE 128 MIAMI - FL - 33132 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D MALENA TSOLOPOULOS 1015 N. AMERICA WAY SUITE 128 MIAMI - FL - 33132 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT PETER VILLIOTIS 1015 N. AMERICA WAY SUITE 128 MIAMI - FL - 33132. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	-03/17/99--01098--004 *****1.25 *****1.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	3/12 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E.G. TSOLOPOULOS 3/11/99 305 491-3268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #