SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070666

1. Corporation Name

DAWN HOLIDAY CRUISE SERVICES, INC.

Principal Place of Business	Mailing Address
1775 NW 70 AVE MIAMI FL 33126	1775 NW 70 AVE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **52-1992976**	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORDONEZ, RAFAEL A 1775 NW 70 AVE STE. 500 MIAMI FL 33126	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME ORDONEZ, RAFAEL A STREET ADDRESS 122 BAL BAY DR. CITY-ST-ZIP BAL HARBOUR FL 33154	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CARRERAS, RAFAEL STREET ADDRESS 8985 NW 39TH ST. CITY-ST-ZIP COOPER CITY FL 33024	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Dawn Holiday Cruise Service, Inc.

July 14, 1999

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida.32314

Dear Sirs:

Just last week we received the "2nd Notice" for 1999 Profit Corporation Annual Report. I am relatively new in my position of Director of Finance & Administration. In addition to this we have had various turnover of personnel within our Accounting Department. Somehow, because of this, I believe the original form may have been misplaced or they were never received.

Accordingly, I respectfully request you waive the late penalties due to the extraordinary circumstances explained above.

We are enclosing a check for the original amount.

Should you require any additional information, I can be reached at (305) 592-8790 extension 1019.

I thank you in advance for your kindness and cooperation in this matter.

Sincerely,

CHALLENGER CATERING INC.

Jorge Lora
Director of Finance & Administration

JL:mc

Enclosure