2003 FOR PROFIT CORPORATION

Feb 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # P99000061019 1. Entity Name 02-24-2003 90217 017 ***150.00 CRUISE REWARDS INC. Principal Place of Business Mailing Address 5313 N.W. 79TH AVENUE 5313 N.W. 79TH AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0332006 Not Applicable Zip Country Zip Country 5.- Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, ANA M Street Address (P.O. Box Number is Not Acceptable) 5313 N.W. 79TH AVENUE MIAMI FL 33166 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if app (NOTE: Registered Agent signature required when reinstating) EILE-NOW!!!_EEE_IS.\$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing. \$5.00 May.Be Make Check Payable to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME ALVAREZ, ANA M ☐ Change ☐ Addition NAME STREET ADDRESS 5313 N.W. 79TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT! F NAME ☐ Change ☐ Addition

12. 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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS

CITY-ST-ZIP

FILED

Daytime Phone #