**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

FILED
Aug 14 1996 8:00 am
Secretary of State

# DOCUMENT # S05959 (9)

1. Corporation Name

**INTERNATIONAL PACIFIC CRUISE SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 100 S BISCAYNE BLVD<br>STE 700<br>MIAMI FL 33131<br>US | 100 S BISCAYNE BLVD<br>STE. 700<br>MIAMI FL 33131<br>US |

2. Principal Place of Business (21) — Suite, Apt #, etc (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt #, etc (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: **10/15/1990**

3a. Date of Last Report: **08/03/1995**

4. FEI Number: **65-0227631** — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

HARRIS, WILLIAM P., JR.
9300 S DADELAND BLVD
STE 308
MIAMI FL 33156

10. **Name and Address of New Registered Agent**

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | Delete |
|---|---|---|
| TITLE | PD | [ ] |
| NAME | FRASER, LEWIS A. | |
| STREET ADDRESS | 100 S. BISCAYNE BLVD., #700 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VPS | [X] |
| NAME | O'BRIEN, MICHAEL L | |
| STREET ADDRESS | 100 S. BISCAYNE BLVD., #700 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | [ ] |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | Change / Addition |
|---|---|---|
| 1.1 TITLE | | [ ] Change [ ] Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | V | [ ] Change [X] Addition |
| 2.2 NAME | Lewis A. Fraser, II | |
| 2.3 STREET ADDRESS | 100 S. Biscayne Blvd., Ste. 700 | |
| 2.4 CITY-ST-ZIP | Miami, FL 33131 | |
| 3.1 TITLE | S | [ ] Change [X] Addition |
| 3.2 NAME | William P. Harris, Jr. | |
| 3.3 STREET ADDRESS | 9300 S. Dadeland Blvd., Ste. 308 | |
| 3.4 CITY-ST-ZIP | Miami, FL 33156 | |
| 4.1 TITLE | | [ ] Change [ ] Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | [ ] Change [ ] Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | [ ] Change [ ] Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 119.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** William P. Harris, Jr. 8-7-96 (305) 670-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)