

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

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S09822 (5)
 1. Corporation Name
DOLPHIN CRUISE LINE, INC.



Principal Place of Business 801 SOUTH AMERICA WAY P. O. BOX 018514 MIAMI FL 33101-8514	Mailing Address 801 SOUTH AMERICA WAY P. O. BOX 018514 MIAMI FL 33101-8514
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/31/1990	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0217838		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent MARKUS JOHN 801 SOUTH AMERICA WAY MIAMI FL 33107	10. Name and Address of New Registered Agent 81 Name <u>IGNACIO B RIVADENEIRA</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>901 SOUTH AMERICA WAY</u> 83 84 City <u>MIAMI</u> FL 85 Zip Code <u>33132</u>
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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 Ignacio B Rivadeneira **IGNACIO B RIVADENEIRA** **DIRECTOR** **6/13/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULGARIDES, PETER C.	1.2 NAME	
STREET ADDRESS	901 SOUTH AMERICA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATSOUFIS, PARIS G.	2.2 NAME	
STREET ADDRESS	901 SOUTH AMERICA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVADENEIRA, IGNACIO	3.2 NAME	
STREET ADDRESS	901 SOUTH AMERICA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLK, GLENN G.	4.2 NAME	
STREET ADDRESS	520 BRICKELL KEY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARK S.	5.2 NAME	
STREET ADDRESS	901 SOUTH AMERICA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Ignacio B Rivadeneira **IGNACIO B RIVADENEIRA** **5/20/97 (30) 358-5122**

CR2E034 (9/96)