

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 MAR 27 AM 10:23

DOCUMENT # **S48813 (7)**  
 1. Corporation Name  
**MAJESTY CRUISE LINE, INC.**

Principal Place of Business: **901 S AMERICA WAY MIAMI FL 33132**  
 Mailing Address: **901 S AMERICA WAY MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/26/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
21	22		4. FEI Number <b>65-0388126</b>		Applied For Not Applicable
23		24		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
25		26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
27		28		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARKAKIS, JOHN E</b> <b>901 SOUTH AMERICA WAY</b> <b>MIAMI FL 33132</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 fee if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULGARIDES, PETER C.</b>	12 NAME	
STREET ADDRESS	<b>901 S AMERICA WAY</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATSOUFIS, PARIS G.</b>	22 NAME	
STREET ADDRESS	<b>901 S AMERICA WAY</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	24 CITY - ST - ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRINGTON, NEAL</b>	32 NAME	
STREET ADDRESS	<b>899 S AMERICA WAY</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORDONEZ, RAFAEL A.</b>	42 NAME	
STREET ADDRESS	<b>6900 NW 43RD ST.</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONOCANDILOS, JORDAN</b>	52 NAME	
STREET ADDRESS	<b>3201 NW 24TH ST./RD.</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	54 CITY - ST - ZIP	
TITLE	<b>S</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOLK, GLENN G</b>	62 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY #1608</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	64 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(2)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **PARIS G. KATSOUFIS** *Paris G. Katsoufis* **PRCS** (305)358-5122  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR