

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  
Jun 13 1996 8:00 am  
Secretary of State

DOCUMENT # **S48813** (7)

1. Corporation Name

**MAJESTY CRUISE LINE, INC.**

Principal Place of Business

Mailing Address

**901 S AMERICA WAY  
MIAMI FL 33132**

**901 S AMERICA WAY  
MIAMI FL 33132**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

**04/26/1991**

3a. Date of Last Report

**03/27/1995**

4. FEI Number

**65-0388126**

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**MARKAKIS, JOHN E  
901 SOUTH AMERICA WAY  
MIAMI FL 33132**

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

Signature, type or print: Title of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **BULGARIDES, PETER C.**  
STREET ADDRESS **901 S AMERICA WAY**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **KATSOUFIS, PARIS G.**  
STREET ADDRESS **901 S AMERICA WAY**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **HARRINGTON, NEAL**  
STREET ADDRESS **899 S AMERICA WAY**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **ORDONEZ, RAFAEL A.**  
STREET ADDRESS **6900 NW 43RD ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **MONOCANDILOS, JORDAN**  
STREET ADDRESS **3201 NW 24TH ST./RD.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE  
NAME **KOLK, GLENN G**  
STREET ADDRESS **520 BRICKELL KEY #1606**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition  
1.2 NAME **Antti Pankakoski**  
1.3 STREET ADDRESS **901 S America Way**  
1.4 CITY-ST-ZIP **Miami, FL 33132**

2.1 TITLE **President** ☒ Change ☐ Addition  
2.2 NAME **Paris G. Katsoufis**  
2.3 STREET ADDRESS **901 S America Way**  
2.4 CITY-ST-ZIP **Miami, FL 33132**

3.1 TITLE **Director** ☐ Change ☒ Addition  
3.2 NAME **Jostein Ueland**  
3.3 STREET ADDRESS **901 S America Way**  
3.4 CITY-ST-ZIP **Miami, FL 33132**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **Treasurer** ☐ Change ☒ Addition  
5.2 NAME **Mark S. Davis**  
5.3 STREET ADDRESS **901 S America Way**  
5.4 CITY-ST-ZIP **Miami, FL 33132**

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:

*Paris G. Katsoufis*

**Paris G. Katsoufis**

**6-6-96**

**305-358-5122**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President & Director**

Date

Telephone Number

CR2E034 (3/96)