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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

OCUMENT # V353	53 (4)				
1. Corporation Name STERLING CRUISES, INC.				18 1111 <b>9</b> 1811 <b>8</b> 1811 <b>8</b> 181 <b>8</b> 18	
rincipal Place of Business 8351 WEST FLAGLER STREET MIAMI FL 33144	Mailing Address  8351 WEST FLAGLER ST MIMAL FL 33144	TREET		<b>10</b>	
US	US	US		3. Date Incorporated or Qualified	
Principal Place of Business	2a. Mailing Address		4, FEI Number		Applied For
5313 N.W.79 AVE	. 26 53 /3 P.	W. 79 AYR	65-0332006	\$0.7	Not Applicable  5 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired		S Additional Required
City & State PZ.	City & State	` <i>F</i> {	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip Country 25 25	Zip	Country 30	This corporation has liability for Florida Statutes  Yes	intangible tax under s \square No	s 199.032,
9. Name and Address of Cur		[00]	10. Name and Address of New F	Registered Agent	
8351 WEST FLAGLER STREET		83 (3	ress (P.O. Box Number is Not Acceptat	<u> </u>	
MIAMI FL 33144  1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of S.	0502 and 607.1508, Florida Statutes Florida. Such change was authorized Section 607.0505, Florida Statutes.	84 City s, the above-named corpo d by the corporation's boar	ration submits this statement for the pure of directors. I hereby accept the app		Zip Code 33 /66 s registered office ed agent. I am
Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Flamiliar with, and accept the obligations of, S.	Section 607.0505, Florida Statutes.		ration submits this statement for the purific of directors. I hereby accept the applications when reinstating:	urpose of changing it pointment as register DATE	s registered office ed agent. I am
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of SIGNATURE  Signature types or proved name of registered.  2. OFFICERS	Section 607.0505, Florida Statutes.  April and the it aquestic (NOI)  5 AND DIRECTORS	s, the above named corpo d by the corporation's boat E. Registered Aport signature require	ration submits this statement for the purific of directors. I hereby accept the app	urpose of changing it pointment as register DATE FICERS AND DIREC	s registered office ed agent. I am TORS IN 12
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of SIGNATURE  Signature types or printed ranks of registered in the PSTD  1. OF HOERS	Section 607.0505, Florida Statutes.  april and their applicable (NOI)	s, the above-named corporation's board by the corporation's board.  E. Registered Aport signature require.  13.  1 1 TITLE.  1 2 NAME.	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	Urpose of changing it pointment as register  DATE  FICERS AND DIREC	s registered office ed agent. I am TORS IN 12
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of SIGNATURE  Signature types or prined raine of registered agent.  2. OFFICERS  PSTD  ALVAREZ, ANA M.	Section 607.0505, Florida Statutes.  april and the if assesses (NOI)  ANY DIRECTORS	s, the above-named corporation's board by the corporation's board.  E. Registered Aport signature require.  13.  1 1 TITLE.  1 2 NAME.	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	Urpose of changing it pointment as register  DATE  FICERS AND DIREC	s registered offic ed agent. I am TORS IN 12
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Flamilian with, and accept the obligations of SIGNATURE  Signature types or printed rame of registered to PETICERS  PSTD  ALVAREZ, ANA M.  15EFT ADDRESS  15. PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST	Section 607.0505, Florida Statutes.  april and the if assesses (NOI)  ANY DIRECTORS	s, the above-named corporation's board by the corporation's board.  E. Registered Aport signature require.  13.  1 1 TITLE.  1 2 NAME.	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  Chang  DATE  Chang  Chang	s registered officed agent. I am  TORS IN 12  e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of SIGNATURE  Signature types or prined raine of registered agent.  PSTD  ALVAREZ, ANA M.	Section 607.0505, Florida Statutes.  april and the if assesses (NOI)  ANY DIRECTORS	s, the above-named corporation's board by the corporation's board.  E. Registered Aport signature require.  13.  1 1 TITLE.  1 2 NAME.	ration submits this statement for the pured of directors. I hereby accept the application of the pured when reinstating.  ADDITIONS/CHANGES TO OFF	Urpose of changing it pointment as register  DATE  FICERS AND DIRECT Change	s registered office ed agent. I am  TORS IN 12  e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Flamiliar with, and accept the obligations of, SIGNATURE  Signature types or printed rame of registered in Signature types or printed rame or registered in Signature types or register	Section 607.0505, Florida Statutes.  Section 607.0505, Florida Statutes.  SANO DIRECTORS  DELETE	s, the above-named corporation's board by the corporation's board algorithm and the corporation's board and the corporation's board and a second and	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  Chang  DATE  Chang  Chang	s registered officed agent. I am  TORS IN 12  e
1. Pursuant to ther provisions of Sections 607.0 or registered agent, or both, in the State of Flamiliar with, and accept the obligations of, SIGNATURE  Signature types or provide arrive of registered and the state of Flore RS PSTD ALVAREZ, ANA M.  8351 WEST FLAGLER ST MIAMI FL.  ILLE	Section 607.0505, Florida Statutes.  Section 607.0505, Florida Statutes.  SANO DIRECTORS  DELETE	s, the above-named corporation's board by the corporation's board signature requirements.  13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 22 NAME 23 STREET ADDRESS	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  Chang  DATE  Chang  GRAVE  33/66	s registered officed agent. I am  TORS IN 12  e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Februarillar with, and accept the obligations of SIGNATURE  Signature typosice printed trains of registered to Signature typosics printed trains of registered to Signature typosics.  OFFICERS  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST MIAMI FL  INFORMATION OF THE ST MIAMI FL  INFORMATION OF	REET    OFFICE   Section 607.0505, Florida Statutes.	s, the above-named corporation's boards by the corporation's boards.  13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIF	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  Chang  DATE  Chang  GRAVE  33/66	s registered officed agent. I am  TORS IN 12 e Addition
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Flamiliar with, and accept the obligations of, SIGNATURE  Signature types or printed rame of registered.  2. OFFICERS  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST  MIAMI FL  INFERI ADDRESS  IN	Section 607.0505, Florida Statutes.  Section 607.0505, Florida Statutes.  SANO DIRECTORS  DELETE	s, the above-named corporation's boards by the corporation's boards.  13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIF 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIF 3.1 TITLE	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  Chang  GRANG  Chang	s registered officed agent. I am  TORS IN 12 e Addition
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of, SIGNATURE  Signature  Signature  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST  MIAMI FL  ILLE	REET    OFFICE   Section 607.0505, Florida Statutes.	s, the above-named corporation's boards by the corporation's boards.  13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIF	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  Chang  GRANG  Chang	s registered officed agent. I am  TORS IN 12 e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Flamiliar with, and accept the obligations of, SIGNATURE  Signature types or printed name of registered and ALVAREZ, ANAIM.  AME  AME  AME  AME  AME  AME  AME  A	REET    OFFICE   Section 607.0505, Florida Statutes.	s, the above-named corporation's board by the corporation's board signature required 13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIF 3.1 TITLE 3.2 NAME	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  FICERS AND DIRECTOR Change  Change  Change  Change	s registered officed agent. I am  TORS IN 12  e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Fermiliar with, and accept the obligations of SIGNATURE  Signature types or principle or prin	REET    OFFICE   Section 607.0505, Florida Statutes.	s, the above-named corpo d by the corporation's boar 13.  1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIF 3 1 TITLE 32 NAME 3.3 STREET ADDRESS	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  Chang  GRANG  Chang	s registered officed agent. I am  TORS IN 12  e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Flamiliar with, and accept the obligations of, SIGNATURE  Signature types or printed name of registered and Augustion of SIGNATURE  2. OFFICERS  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST  MIAMI FL  III.F  II	REET    DELETE   DELETE	s, the above-named corpo d by the corporation's boal in the corporation in the corpor	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  FICERS AND DIRECTOR Change  Change  Change  Change	s registered officed agent. I am  TORS IN 12  e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of SIGNATURE  Signature typos or principle or or principle or signature of the obligations of the Signature typos or principle or or principle or or principle or or principle or	REET    DELETE   DELETE	E: Registered Apart signature require  13.  1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3. STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  FICERS AND DIRECTOR Change  Change  Change  Change	s registered officed agent. I am  TORS IN 12  e
Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Fabridiar with, and accept the obligations of SIGNATURE  Signature types or preseduative or registered.  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST  MIAMI FL  105  107 S1-216  108  109 S1-216  108  109 S1-216  109  100  100  100  100  100  100  1	REET    DELETE     DELETE	s, the above-named corpo d by the corporation's board 13.  1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  FICERS AND DIRECTOR Change  Change  Change  Change	s registered officed agent. I am  TORS IN 12  e
A. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of Signature Types or present raise or registered.  2. OFFICERS  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST  MIAMI FL  105  107 ST-719  108  108 ST-719  108  109 ST-719  109  109  109  109  109  109  109	REET    DELETE   DELETE	E: Registered Apart signature require  13.  1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3. STREET ADDRESS 3.4 CITY-ST-ZIF 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS 5 1 CITY-ST-ZIF 5 1 TITLE 5 1 TITLE 5 1 TITLE 5 2 NAME 5 3 3 STREET ADDRESS 5 4 CITY-ST-ZIF 5 1 TITLE	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  FICERS AND DIRECT  Chang  Chang	s registered officed agent. I am  TORS IN 12 e
Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of Signature types or present ranso or registered.  Signature types or present ranso or registered.  PSTD ALVAREZ, ANA M. 8351 WEST FLAGLER ST MIAMI FL.  ILE  AME HIRE LAGGESS INY ST-7P  OFFICE AME HIRE LAGGESS INY -ST-7P  OFFICE AME HIRE LAGGESS INY -ST-7P  OFFICE ILE  AME  OFFICE  AME  OFFICE  ST-7P  OFFICE  AME  OFFICE  SITY -ST-7P  OFFICE  OFFICE  OFFICE  SITY -ST-7P  OFFICE  OFFICE  OFFICE  SITY -ST-7P  OFFICE  OFFICE  SITY -ST-7P  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  SITY -ST-7P  OFFICE  OFF	REET    DELETE     DELETE	s, the above-named corpo d by the corporation's board 13.  1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  FICERS AND DIRECT  Chang  Chang	s registered officed agent. I am  TORS IN 12 e
1. Pursuant to tree provisions of Sections 607.0 or registered agent, or both, in the State of Farmiliar with, and accept the obligations of SIGNATURE  Signal Her typos or principlators of registered agent.  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST  MIAMI FL  ILF  AME  HER LANDRESS  HY ST-ZIP  HUF  AME  HER LANDRESS  HY ST-ZIP  HUF  AME  HER LANDRESS  HIT ST-ZIP  HUF  AME  HER LANDRESS	REET    DELETE     DELETE	E: Registered Aport signature require  13.  1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3. STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 5 1 CITY-ST-ZIP 5 1 TITLE 5 2 NAME	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  FICERS AND DIRECT  Chang  Chang  Chang	s registered officed agent. I am  TORS IN 12 e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of Signature Typos or principle and the provisions of Signature Typos or p	REET    DELETE     DELETE	E. Registered Aport signature required  13.  1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2.1 TITLE 2 NAME 3 3 STREET ADDRESS 2.4 CITY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIF 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.3 STREET ADDRESS	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  FICERS AND DIRECT  Chang  Chang	s registered officed agent. I am  TORS IN 12  e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Farmiliar with, and accept the obligations of, SIGNATURE  Signaline types or principlations of registered;  2. OFFICERS  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST  MIAMI FL  ILLE  AMS  THEFT ADDRESS  DIY ST-ZIP  ILLE  AMM  CREST ACCRESS  DIY ST-ZIP  ILLE  AMM  SHELL ADDRESS  DIY ST-ZIP  ILLE  ILLE  AMM  SHELL ADDRESS  DIY ST-ZIP  ILLE  ILLE  AMM  SHELL ADDRESS  DIY ST-ZIP  ILLE  ILLE	REET    DELETE     DELETE	E: Registered Apart signature require  13.  1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3. STREET ADDRESS 3 4 CITY-ST-ZIP 4. 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  FICERS AND DIRECT  Chang  Chang  Chang	s registered officed agent. I am  TORS IN 12  e
1. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Flamiliar with, and accept the obligations of SIGNATURE  Signature types of printed name of rigidates at 12.  PSTD  ALVAREZ, ANA M.  8351 WEST FLAGLER ST MIAMI FL	REET    DELETE     DELETE	s, the above-named corporation's board by the corporation's board signature requirements of the corporation of	ration submits this statement for the purific of directors. I hereby accept the application of directors and when reinstating:  ADDITIONS/CHANGES TO OFF	DATE  DATE  FICERS AND DIRECT  Chang  Chang  Chang	s registered office ed agent. I am  TORS IN 12  e

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-492-2522