

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 AM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V52700 (4)

1. Corporation Name
A + C CRUISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**16800 NW 47 AVE
STE 200
MIAMI FL 33015
US**

Mailing Address
**16800 NW 47 AVE
STE 200
MIAMI FL 33015
US**

3. Date Incorporated or Qualified **07/23/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21 **5400 S. UNIVERSITY DR.** 2a. Mailing Address
26 **5400 S. UNIVERSITY DR.**

4. FEI Number **65-0346572** Applied For
Not Applicable

22 **SUITE 106** 27 **SUITE 106**

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23 **FT. LAUD. FLA.** 28 **FT. LAUD. FLA.**

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

24 **33328** 25 **USA** 29 **33328** 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MANFRA, CINDY
11535 N QUAYSIDE DR
COOPER CITY FL 33028**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANFRA, CINDY
STREET ADDRESS	11535 N QUAYSIDE DR
CITY - ST - ZIP	COOPER CITY FL
TITLE	D
NAME	OT LEON, GONIA
STREET ADDRESS	14835 N QUAYSIDE DR
CITY - ST - ZIP	COOPER CITY FL
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	NO LONGER IN CORPORATION
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	P
33 STREET ADDRESS	ANTHONY MANFRA
34 CITY - ST - ZIP	11535 N. QUAYSIDE DR. COOPER CITY FL.
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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: Cindy Manfra
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

April 28, 1995 305-680-3500
DATE (Date) TELEPHONE #