

2001 UNIFORM BUSINESS REPORT (UBR)

0155486

DOCUMENT # V70990

1. Entity Name
ROYAL CARIBBEAN MERCHANDISE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 PM 4:10

Principal Place of Business Mailing Address
1050 CARIBBEAN WAY **1050 CARIBBEAN WAY**
MIAMI FL 33132 **C/O LEGAL DEPARTMENT**
MIAMI FL 33132
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0366651** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, MICHAEL J
1050 CARIBBEAN WAY
MIAMI FL 33132

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
000003803260--3
-03/06/01--01116--024
******450.00 ****150.00**
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P WILLIAMS, JACK L 1050 CARIBBEAN WY MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V GLASIER, RICHARD J. 1050 CARIBBEAN WAY MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VTA DUBBIN, KENNETH 1050 CARIBBEAN WAY MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V GOULD, BLAIR H. 1050 CARIBBEAN WAY MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S SMITH, MICHAEL J 1050 CARIBBEAN WAY MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CD FAIN, RICHARD D 1050 CARIBBEAN WAY MIAMI FL 33132

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Arneberg, Tor 110 Nearwater Lane Darien CT 06820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Aronson, Bernard W. 1133 Connecticut Av NW - Ste 700 Washington, D.C. 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Lunde, Olav Beddingen 8, Aker Brygge Oslo, Norway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Ofer, Eyal 18 Upper Brook Street London W1Y 1PD England
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VT Biumi, Bonnie S. 1050 Caribbean Way Miami, FL 33132

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Smith **Michael J. Smith, Secretary** 305-539-6630
 SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)