

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90001 008 ***550.00

DOCUMENT # V70990

1. Entity Name
ROYAL CARIBBEAN MERCHANDISE INC.



Principal Place of Business
**1050 CARIBBEAN WAY
MIAMI, FL 33132**

Mailing Address
**1050 CARIBBEAN WAY
C/O LEGAL DEPARTMENT
MIAMI, FL 33132 US**

54058493



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05252004

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

**SMITH, MICHAEL J.
1050 CARIBBEAN WAY
MIAMI, FL 33132**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WILLIAMS, JACK L**
STREET ADDRESS **1050 CARIBBEAN WY**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **EVP and CFO** ☐ Change ☒ Addition
NAME **Luis E. Leon**
STREET ADDRESS **1050 Caribbean Way**
CITY-ST-ZIP **Miami, Florida 33132**

TITLE **VT** ☐ Delete
NAME **BIUMI, BONNIE S**
STREET ADDRESS **1050 CARIBBEAN WAY**
CITY-ST-ZIP **MIAMI, FL**

TITLE **Bernard W. Aronson, Director** ☐ Change ☒ Addition
NAME **1133 Connecticut Avenue NW**
STREET ADDRESS **#700**
CITY-ST-ZIP **Washington DC 20031**

TITLE **D** ☐ Delete
NAME **ARNEBERG, TOR**
STREET ADDRESS **110 NEARWATER LANE**
CITY-ST-ZIP **DARIEN, CT 06820**

TITLE **Arvid Grundekjoen** ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Beddingen 8**
CITY-ST-ZIP **Aker Brygge**
NO-0118 Oslo, NORWAY

TITLE **V** ☐ Delete
NAME **GOULD, BLAIR H**
STREET ADDRESS **1050 CARIBBEAN WAY**
CITY-ST-ZIP **MIAMI, FL**

TITLE **Eyal Ofer, Director** ☐ Change ☒ Addition
NAME **18 Upper Brook Street**
STREET ADDRESS **London W1K 7PU**
CITY-ST-ZIP **ENGLAND**

TITLE **S** ☐ Delete
NAME **SMITH, MICHAEL J**
STREET ADDRESS **1050 CARIBBEAN WAY**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **FAIN, RICHARD D**
STREET ADDRESS **1050 CARIBBEAN WAY**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Michael J. Smith Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/28/04

(305) 539-6630