FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 359090

(8)

1. Corporation Name GOLD RUSH PRODUCTIONS, INC. Principal Place of Business 711 CALATRAVA 711 CALATRAVA 711 CALATRAVA									
CORAL GABLES FL 33143 CORAL GABLES FL 33143									
						3. Date Incorporated or Qualified 02/03/1970	3a. Date of t 05/01/19		port
2. Principal Place of Business 28. Mailing Ad			dress			4. FEI Number			plied For
21		26				59-1288159			t Applicable
Suite, Apt.	#, etc	Suite, Apt. #. e	Suite, Apt. #. etc.			5. Certificate of Status Desired		.75 A	dditional quired
City & Star 23	e	City & State				Election Campaign Financing Trust Fund Contribution		5.00 dded to	May Be o Fees
Z(j.)	Gountry	Zip		Country		8. This corporation has liability for i	ntangible tax ur	nder s.	199.032,
24	25	29	30]Yes ☐ No		·
	9. Name and Address of Cu DGRIS JIM	rrent Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent		
711 CALATRAVA AVENUE CORAL GABLES FL 33143				82 83	Street Address (P.O. Box Number is Not Acceptable)				
				84	City		FL 85	Zip C	Code
office or	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the c	State of Florida, Such change	e was author	ized by	the corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of chan at the appointment	ging its ent as	s registered registered
SIGNATURE	Storation Typed or politic disance of registeri	id agent and title if applicable	(NOTE: Regis	tered Age	ent signature ri	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				S IN 12	
THE	PD DELETE		ETE 1	1,1 TITLE				hange	Addition Addition
NAMÉ	PROGRIS, JAMES A			1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS					
City - St - 7IP	CORAL GABLES FL			1.4 C/TY - ST - Z/P					1
HILE	SVO DELETE		1	2.1 TITLE			□ c	nange	Addition
NAME	PROGRIS, JUANITA		i -	2 NAME					
STREET ADDRESS	711 CALATRAVA CORAL GABLES FL				ADDRESS				
CHY-ST ZIP	LUNAL WADLES PL	I BELL		4 CITY-	ST-21P				A a a a a a a
TITLE		☐ DELI	1	L1 TITLE	J		L U	hange	Addition
NAME				2 NAME					
CTUSS LABORDECS	i		1 2	2 CIREFT	Annerce				

14. I do 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 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 this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 to Block 13 if chapter, or given attachment with an address.

6 4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

CHY-ST-7/P

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-ST ZIP

CHTY - \$1 - 71"

1:115

NAME

THLE

NAME

TITLE NAME

RINTED NAME OF SIGNING DEFICER OR DIRECTOR

DELETE

DELETE

DELETE

16RIS 2/10/97(305)667-80

Addition

Addition

Addition

Change

Change

Change

FILED

Feb 26 1997 8:00am

Secretary of State