**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

DOCUMENT # **P94000004466 (6)**

1. Corporation Name

**49ER GOLD RUSH CORP.**

Principal Place of Business

18200 NW 27TH AVE
MIAMI FL 33055
US

Mailing Address

CHIE K HOBAN CPA
8840 SW 67TH CT
MIAMI FL 33156
US

3. Date of Incorporation or Qualification: **01/20/1994**

3a. Date of Last Report: **07/24/1995**

4. FEI Number: **65-0461658** [ ] Applied For [ ] Not Applicable

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

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

8. Does corporation has liability tax credits under S. 199.032 Florida Statutes? [X] Yes [ ] No

2. Principal Place of Business

21
Suite Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HUH, YOUNG
16634 REDWOOD WAY
FT LAUDEDALE FL 3332

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 Sec. [illegible] Florida Statutes, the above corporation hereby adopts the above for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature of an officer or director of the corporation or a registered agent as required by Chapter [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | DPST | [ ] DIR [ ] OFF |
| NAME | HUH, YOUNG | |
| STREET ADDRESS | 16634 REDWOOD WAY | |
| CITY, ST, ZIP | FT LAUDERDALE FL | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | [ ] DIR [ ] OFF |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| TITLE | [ ] Change | [ ] Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | [ ] Change | [ ] Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | [ ] Change | [ ] Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | [ ] Change | [ ] Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | [ ] Change | [ ] Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | [ ] Change | [ ] Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

14. I hereby 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 12 or Block 13 of this report or is added to the report by separate notification.

**SIGNATURE:** X Young Huh Young Huh, Pres 2/11/96 (305)628-2694

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)