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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000057923 (1)

GAMUT MEDIA, INC

Principal Plai 1180 NE 39TH MIAMI FL 331 US		Mailing Address 118 ME 39TH ST MIAMI FL 33197-3632 US			
				 Date Incorporated or Qualified 07/26/1995 	3a. Date of Last Report 04/05/1996
2. Principal f	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0607953	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	**************************************	City & State	***************************************		Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Z(p)	Country 30	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032,
	9. Name and Address of Curren		[30]	10. Name and Address of New R	
RU	skin, andrea		81 Name	······································	
	LINCOLN RD.		82 Street	Address (P.O. Box Number is Not Accepta	
MLA	MI BEACH FL 33139		OF OFFICE	Address (r.O. Dox Namber is Not Accepts	ible)
			83		447
			84 City		85 Zip Code
					
11. Pursuant office or	t to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was :	tes, the above-named authorized by the cor	corporation submits this statement for the	purpose of changing its registered
agent fa	am familiar with, and accept the obliga	itions of, Section 607.0505, Fl	orida Statutes.	poration's board of directors. I hereby acce	opt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ages	200			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	E: Registered Agent signaturi	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	ADDITIONS CHANGES TO OFF	Change Addition
NAME	CHARLOTTE SCHIFF-JONES		1.2 NAME		
STREET ADDRESS	120 NE 39TH ST		1.3 STREET ADDRESS	118 NE 39 St	_
CHT+ST ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33137	· /
THILE	VP .	DELETE	2.1 TITLE	1 2 2 3 3 5 7	Change Addition
NAME	HARRY TRACOSAS		2.2 NAME		
STREET ADDRESS	120 NE 39TH ST		2 3 STREET ADDRESS	118 NE 39 St	_
CITY - ST - ZIP	MIAMI FL		2. 4 CiTY-ST-ZIP	MIXMY F1 - 33125	
TITLE	ST	DELETE	3.1 TITLE	120000	Change Addition
NAME	ANDREA RUSKIN		3.2 NAME	.	
STREET ADDRESS	120 NE 39TH ST		3.3 STREET ADDRESS	118 NE 39 St	
CITY - ST - ZIP	MIAMI FL		3.4. CITY - ST - ZIP	MIDMI. FL 3313"	1
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP	·	
THLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

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 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 3 if changed, or on an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

****_____

305-573-1020

FILED

Mar 04 1997 8:00am

Secretary of State