

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004569 (0)

1. Corporation Name

WI HOLDINGS, INC.

Principal Place of Business

Mailing Address

7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

65-0441919

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. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ARKIN, RICHARD A, ESQ
7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

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 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT
NAME TRUMP, JULIUS
STREET ADDRESS 7900 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL

☐ DELETE

TITLE PD
NAME TRUMP, EDDIE
STREET ADDRESS 7900 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

☐ DELETE

TITLE EVPD
NAME MATUS, ALAN
STREET ADDRESS 7900 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL

☐ DELETE

TITLE VSD
NAME LIEB, JAMES
STREET ADDRESS 7900 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL

☐ DELETE

TITLE AS
NAME TORPEY, CARITE L
STREET ADDRESS 7900 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

☐ DELETE

TITLE VAS
NAME VOLLRATH, ROBERT
STREET ADDRESS 7900 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chair
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE V/AS
2.2 NAME FINVARB, ROBERT I.
2.3 STREET ADDRESS 7900 Island Boulevard
2.4 CITY-ST-ZIP North Miami Beach, FL 33160

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE EVP/S/D
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE V/AS/T
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert I. Finvarb, V.P. 2/2/98 (305) 937-7823

CR2E034 (10/97)