

**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 # **P27660** (0)

1. Corporation Name  
**BONREL REALTY CORP.**



Principal Place of Business: **C/O WILLIAMS ISLAND ASSOCIATES. LTD. 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160**  
Mailing Address: **C/O WILLIAMS ISLAND ASSOCIATES. LTD. 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified: **01/10/1990**  
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 30

4. FEI Number: **13-3039541**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	TRUMP, EDDIE	
STREET ADDRESS	4000 ISLAND BLVD.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/>
NAME	LIEB, JAMES M.	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	CTD	<input type="checkbox"/>
NAME	TRUMP, JULIUS	
STREET ADDRESS	4000 ISLAND BLVD.	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	AS	<input type="checkbox"/>
NAME	TORPEY, CARITE L.	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/>
NAME	MATUS, ALAN	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	VAS	<input type="checkbox"/>
NAME	VOLLRATH, ROBERT	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	N MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James M. Lieb James M. Lieb, Vice President 4/19/96 (908) 390-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (12/95)