

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 # 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**

3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDT <input type="checkbox"/> DELETE
NAME	TRUMP, JULIUS
STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	PD <input type="checkbox"/> DELETE
NAME	TRUMP, EDDIE
STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	EVPD <input type="checkbox"/> DELETE
NAME	MATUS, ALAN
STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	VS <input type="checkbox"/> DELETE
NAME	LIEB, JAMES
STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	AS <input type="checkbox"/> DELETE
NAME	TORPEY, CARITE L
STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	VAS <input type="checkbox"/> DELETE
NAME	VOLLRATH, ROBERT
STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Lieb

4/19/96

(908)390-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)