


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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004569 (0)**  
 1. Corporation Name  
**WI HOLDINGS, INC.**



Principal Place of Business <b>7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/11/1993</b>	
21	22	26	27	4. FEI Number <b>65-0441919</b>	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent <b>ARKIN, RICHARD A, ESQ 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	Chair
NAME	TRUMP, JULIUS	1.2 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	V/AS
NAME	TRUMP, EDDIE	2.2 NAME	FINVARB, ROBERT I.
STREET ADDRESS	7900 ISLAND BLVD.	2.3 STREET ADDRESS	7900 Island Boulevard
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	EVPD	3.1 TITLE	
NAME	MATUS, ALAN	3.2 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	EVP/S/D
NAME	LIEB, JAMES	4.2 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	TORPEY, CARITE L	5.2 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	V/AS/T
NAME	VOLLRATH, ROBERT	6.2 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	6.4 CITY-ST-ZIP	

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)