

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068401 (5)

1. Corporation Name
W.I. 1000 PROPERTY INVESTMENTS CORP.




Principal Place of Business 2999 NE 191 STREET SUITE 900 AVENTURA FL 33180	Mailing Address 2999 NE 191 STREET SUITE 900 AVENTURA FL 33180-3117
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2. Principal Place of Business 40 MARION LANE 3400 Island Blvd Suite, Apt. #, etc. PH #1 City & State WILLIAMS ISLAND FL Zip 33160 Country USA		2a. Mailing Address 40 MARION LANE 3400 Island Blvd Suite, Apt. #, etc. PH #1 City & State WILLIAMS ISLAND FL Zip 33160 Country USA		3. Date Incorporated or Qualified 08/26/1995	3a. Date of Last Report 04/23/1996
21. 3400 Island Blvd		26. 3400 Island Blvd		4. FCI Number 65-0626941	Applied For Not Applicable
22. PH #1		27. PH #1		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. WILLIAMS ISLAND FL		28. WILLIAMS ISLAND FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 33160		25. USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R 2999 NE 191 STREET SUITE 900 AVENTURA FL 33180		10. Name and Address of New Registered Agent 81 Name ROBERT G. KLEIN, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 2800 SW 11th OCEAN BLVD #2G 83 84 City BOCA RATON FL 85 Zip Code 33432	
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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  DATE 4/11/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. HOFMANN, THOMAS 2999 NE 191 STREET SUITE 900 AVENTURA FL 33180	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 MARION LANE 3400 Island Blvd PH #1 WILLIAMS ISLAND FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 13 if changed, on an attachment with an address.

SIGNATURE:  DATE 4/11/97 (W.I.) 150-0001

CR2E034 (9/96)