FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000068402 (3)**

1. Corporation Name
W.I. 2000 ~~PROPRTY~~ PROPERTY INVESTMENTS CORP.

Principal Place of Business	*Mailing Address*
2999 NE 191 STREET SUITE 900 AVENTURA FL 33180	2999 NE 191 STREET SUITE 900 AVENTURA FL 33180-3117

3. Date Incorporated or Qualified: 08/26/1995
3a. Date of Last Report: 04/23/1996

	Principal Place of Business	Mailing Address
2. / 2a.	c/o MARION LANG	c/o MARION LANG
21 / 26	3500 ISLAND BLVD	3500 ISLAND BLVD
22 / 27	Suite, Apt. #, etc. PH #1	Suite, Apt. #, etc. PH #1
23 / 28	City & State WILLIAMS ISLAND FL	City & State WILLIAMS ISLAND FL
24 / 29	Zip 33160	Zip 33160
25 / 30	Country USA	Country USA

4. FEI Number: 65-0609416 — ☐ 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

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 SOUTH OCEAN BLVD
83: SUITE 2G
84 City: BOCA RATON FL 85 Zip Code: 33432

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] DATE: 4/17/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	HOFMANN, THOMAS	1.2 NAME	
STREET ADDRESS	~~2999 NE 191 STREET SUITE 900~~	1.3 STREET ADDRESS	c/o MARION LANG
CITY-ST-ZIP	~~AVENTURA FL 33180~~	1.4 CITY-ST-ZIP	3500 ISLAND BLVD PH#1 WILLIAMS ISLAND FL 33160
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	700002158357--3
STREET ADDRESS		3.3 STREET ADDRESS	-04/29/97--01077--005
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4/28/97

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: [signature] CPA 4/17/97 (561) 750-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248785