

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000006680 (2)

1. Corporation Name
TRANSATLANTIC GROUP-DELAWARE INC.



Principal Place of Business: 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160
Mailing Address: 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1994	3a. Date of Last Report 05/23/1995
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 65-0445090	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., #105 TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT TRUMP, JULIUS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000 ISLAND BLVD.	1.2 NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL 33160	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P TRUMP, EDDIE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000 ISLAND BLVD.	2.2 NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL 33160	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPS LIEB, JAMES M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O THE TRUMP GROUP 4000 ISLAND BLVD.	3.2 NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33160	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SMITH, ROBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20 ADELAIDE ST., E., #200	4.2 NAME	
STREET ADDRESS	TORONTO CANADA M5C 2T6	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VAN RIEMSDIJK, GERRIT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHN STRASSE 41	5.2 NAME	
STREET ADDRESS	9494 SCHAAN, LEICHTENSTEIN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/14/96
908 390-9400

CR2E034 (3/96)