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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **c/o Eddie Trump 4000 Island Blvd. North Miami Beach, FL 33160**

3. Date Incorporated or Qualified: **12/15/94**
3a. Date of Last Report: **6/14/96**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **65-0445090**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST. #105
TALLAHASSEE, FL 32301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

TITLE	CT	<input type="checkbox"/> DELETE
NAME	TRUMP, JULIUS	
STREET ADDRESS	4000 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TRUMP, EDDIE	
STREET ADDRESS	4000 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LIEB, JAMES M.	
STREET ADDRESS	C/O THE TRUMP GROUP 4000 Island Bd	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	20 ADELAIDE ST., E. #200	
CITY-ST-ZIP	TORONTO, CANADA M5C 2T6	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN RIEMSDIJK, GERRIT	
STREET ADDRESS	BAHN STRASSE 41	
CITY-ST-ZIP	9494 SCHAAN, LEICHTENSTEIN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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***165.00**

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, changed, or on an attachment with an address.

SIGNATURE: *James M Lieb* James M Lieb, VP 4/25/97 908-390-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)