

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

**FILED**  
**May 21 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
--	---	---

**DOCUMENT # F94000006680 (2)**  
 1. Corporation Name  
**TRANSATLANTIC GROUP-DELAWARE INC.**



Principal Place of Business <b>4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>C/O EDDIE TRUMP 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160</b>
--	--

DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>12/15/1994</b>	
<b>4.</b> FEI Number <b>65-0445090</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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	<b>CT</b>	<input type="checkbox"/> DELETE
NAME	<b>TRUMP, JULIUS</b>	
STREET ADDRESS	<b>4000 ISLAND BLVD.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TRUMP, EDDIE</b>	
STREET ADDRESS	<b>4000 ISLAND BLVD.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>LIEB, JAMES M</b>	
STREET ADDRESS	<b>C/O THE TRUMP GROUP 4000 ISLAND BLVD.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, ROBERT</b>	
STREET ADDRESS	<b>20 ADELAIDE ST., E., #200</b>	
CITY-ST-ZIP	<b>TORONTO CANADA M5C 2T6</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN RIEMSDIJK, GERRIT</b>	
STREET ADDRESS	<b>BAHN STRASSE 41</b>	
CITY-ST-ZIP	<b>9494 SCHAAN, LEICHTENSTEIN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2</b> NAME	<b>AVP</b>
<b>6.3</b> STREET ADDRESS	<b>Torpey, Carite</b>
<b>6.4</b> CITY-ST-ZIP	<b>c/o Trump Group, 4000 Island Blvd. N. Miami Beach FL 33160</b>

**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: \_\_\_\_\_

CR2E034 (10/97)