


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

FILED

Mar 22 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H14806**

1. Corporation Name  
**TRANSATLANTIC BANK**

Principal Place of Business 48 EAST FLAGLER STREET MIAMI FL 33131-1020	Mailing Address 48 EAST FLAGLER STREET MIAMI FL 33131-1020
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03/22/99 90054 047 150.00  
DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>07/31/1984</b>	
4. FEI Number <b>59-2422390</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name		
82. Street Address (P.O. Box Number is Not Acceptable)		
83.		
84. City	FL	85. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROK, SERGIO	12. NAME	
STREET ADDRESS	48 E. FLAGLER ST.	13. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14. CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, JULIAN L	22. NAME	
STREET ADDRESS	9270 S.W. 93RD AVE	23. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPER, JACK	32. NAME	
STREET ADDRESS	2550 N.W. 30TH AVENUE	33. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELCER, ISAAC	42. NAME	LERMAN, JORGE
STREET ADDRESS	282 NE 2ND STREET	43. STREET ADDRESS	48 East Flagler St.
CITY-ST-ZIP	MIAMI FL	44. CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE	51. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, JULIAN L.	52. NAME	ROK, NATAN R.
STREET ADDRESS	9270 SW 93RD AVE	53. STREET ADDRESS	48 East Flagler St.
CITY-ST-ZIP	MIAMI FL	54. CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHECK, RAQUEL	62. NAME	
STREET ADDRESS	2120 N.E. 190 TERRACE	63. STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	64. CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **3/14/99** (305) 377-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F 3/24

CR2E034 (1/198)