


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # H14806
 1. Entity 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

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2422390 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000125330
 04/22/04-80081-009 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROK, SERGIO 48 E. FLAGLER ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVC MESA, JULIAN L 9270 S.W. 93RD AVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GOLD, SALOMON 48 E FLAGLER ST MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LERMAN, JORGE 48 EAST FLAGLER ST MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROK, NATAN R 48 EAST FLAGLER ST MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **PREZIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/19/04** Daytime Phone #: **(305) 347-5215**