


**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

**DO NOT WRITE IN THIS SPACE**

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:**  **PREZENT.** **4/19/04** **(305) 347-5215**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #