FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90142 005 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000099304

1. Corporation Name

Trump i	NTERNATIONAL GOLF CLU	3, INC.						
Principal Place	of Business	Mailing Address			f 10011000 tra (drin gittr ganti gatti gatti gatti	18188 (111) 88(1)	#181 JURI	
MAR-A-LAGO 1100 SOUTH OCEAN BOULEVARD 1100 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480  MAR-A-LAGO 1100 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  12/09/1996				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied	d For	
21	21 26				65-0711659	Not Ap	oplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			,		5. Certificate of Status Desired	8.75 Addit Fee Requir		
City & State City & State					6. Election Campaign Financing	\$5.00 мау	y Be	
23				Trust Fund Contribution Added to Fees				
Zip	p Country Zip Co		Country	try 8. This corporation owes the current year Intangible				
24	25 29 30				Personal Property Tax. ☐ Yes ☐ No			
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	nt		
			81	Name				
VALDES-FAULI CORPORATE SERVICES, INC.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
777 SOUTH FLAGLER DRIVE SUITE 500-EAST			83					
WEST PALM BEACH FL 33401			83					
****	I TADII DENOTITE GOTOT		84	City	FL	5 Zip Code	е	
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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D			
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CITY-ST-ZIP	PALM CITY FL 3348014		1.4 CITY-ST	r-ZIP				
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TITLE		☐ DELETE	V.I IIILE		L	i Augusto [		

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 of 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 corporate in or the receiver or trus ee 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 by on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS