2004 FOR PROFIT CORPORATION

Apr 21, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCÚMENT # P96000099304** 04-21-2004 90017 048 ***150.00 TRUMP INTERNATIONAL GOLF CLUB, INC. Principal Place of Business Mailing Address 54037703 MAR-A-LAGO MAR-A-LAGO 1100 SOUTH OCEAN BOULEVARD 1100 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480 PALM BEACH, FL 33480 No Chg-P 04022004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0711659 Not Applicable \$8.75 Additional ~ 5. Certificate of Status Desired And the second of the second Fee Required 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. DO NOT WRITE 777 SOUTH FLAGLER DRIVE SUITE 500-EAST IN THIS SPACE WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE TRUMP, DONALD J NAME 1100 SOUTH OCEAN BLVD STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 33480 TiTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIT! E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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.

CITY-ST-ZIP

561 832 0167

FILED