


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91799 006 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000102988

1. Entity Name
INTERNATIONAL AMERICAN GROUP, INC.



Principal Place of Business
 5209 NW 74 AVE
 SUITE 223
 MIAMI, FL 33166

Mailing Address
 5209 NW 74 AVE
 SUITE 223
 MIAMI, FL 33166

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1155237** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
PANA, ROMEL
 5209 NW 74 AVE
 SUITE 223
 MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name **Julian Borrero**
 Street Address (P.O. Box Number is Not Acceptable)
5209 NW 74 AVE STE 223
 City **Miami** FL Zip Code **33166**

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 **05-02-03**

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANA, ROMEL		NAME	Julian Borrero	
STREET ADDRESS	5209 NW 74 AVE, SUITE 223		STREET ADDRESS	5209 NW 74 AVE, Suite 223	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	Miami, FL 33166	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIPE, MICHELLE		NAME	Gina Vasquez	
STREET ADDRESS	5209 NW 74 AVE, SUITE 223		STREET ADDRESS	5209 NW 74 AVE, Suite 223	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	Miami, FL 33166	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRERO, JULIAN		NAME		
STREET ADDRESS	5209 NW 74 AVE, SUITE 223		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLACERES, MARITZA		NAME		
STREET ADDRESS	5209 NW 74 AVE, SUITE 223		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 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: _____ DATE **05-02-03** (805) 4772078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRREC034 (10/02)