

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 605535 (4)
 1. Corporation Name
INTERNATIONAL ALLIED ASSOCIATES CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1424 NW 82ND AVE BOX 2268 MIAMI FL 33126 US	Mailing Address 1424 NW 82ND AVE BOX 2268 MIAMI FL 33126 US
--	--

3. Date Incorporated or Qualified 12/29/1978	
4. FEI Number 59-1913648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8550 N.W. 70 ST. Suite, Apt. #, etc 22 City & State 23 MIAMI FL Zip Country 24 33166 25 USA	2a. Mailing Address 26 8550 N.W. 70 ST. Suite, Apt. #, etc 27 City & State 28 MIAMI- FL Zip Country 29 33166 30 USA
--	--

9. Name and Address of Current Registered Agent
**FENTE, MANUEL F
 1835 W. FLAGLER ST. SUITE 201
 MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. 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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	METZ, ROBERT S.	
STREET ADDRESS	8231 S.W. 39TH CT.	
CITY-ST-ZIP	DAVIE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, HELENA	
STREET ADDRESS	10300 S.W. 50 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ARNALDO	
STREET ADDRESS	C PETARE QTA "ARTEJU"	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ARNALDO C. HERNANDEZ	
33 STREET ADDRESS	15582 S.W. 137 PL.	
34 CITY-ST-ZIP	MIAMI- FL. 33183	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 or 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helena Fernandez, STD* 2-20-98 305-717-0902

CP2E034 (10/97)