

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002594 (8)
 1. Corporation Name
IAM HOLDINGS, INC.



Principal Place of Business 2600 DOUGLAS RD., #710 CORAL GABLES FL 33134	Mailing Address 2600 DOUGLAS RD., #710 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1995	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 65-0523725	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH LTD., INC. 1406 HAYS STREET STE 2 TALLAHASSEE FL 32301				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
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYBRD-SHUMAN, ZIAD	1.2 NAME	Shuman, Ziad
STREET ADDRESS	2600 DOUGLAS RD., #710	1.3 STREET ADDRESS	2600 Douglas Rd., #710
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, PETER L	2.2 NAME	
STREET ADDRESS	340 BANKS NORTH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT 06430	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYKE, DONALD	3.2 NAME	
STREET ADDRESS	82 WOODWAY RIDGE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT 06840	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCHI, RICHARD	4.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, EUGEN	5.2 NAME	
STREET ADDRESS	95 MT BETHEL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ 07059	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Dave Spiarretto
STREET ADDRESS		6.3 STREET ADDRESS	30 Oak Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Stamford, CT 06904-0300

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Ziad Shuman* (Ziad Shuman) 4/28/98 305-446-1966

CR2E034 (10/97)