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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004532 (5)
1. Corporation Name

## INTERNATIONAL AMERICAN MANAGEMENT COMPANY

Principal Place of Business 1415 FOULK ROAD. STE 200 FOULKSTONE PLAZA WILMINGTON DE 19803

Mailing Address

1415 FOULK ROAD. STE 200 FOULKSTONE PLAZA **WILMINGTON DE 19803-2727** 

## **FILED** May 02 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 09/04/1996	3a. Da	ite of Last R	eport		
2. Principal P	acc of Business	2a. Mailing Address			4. FEI Number		Ap	pplied For			
21		26	Б			51-0376785		<del></del>	t Applicable		
Suite, Apt 22 SU1	#. etc +e. 205	Suite, Apt. #, etc.	/ [1] /			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	0	City & State	City & State			Election Campaign Financing     Trust Fund Contribution					
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	rintangible	tax under s	. 199.032,		
24	25	29	30			Florida Statutes					
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM					81 Name						
1200 SOUTH PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
					83						
				84	City		FL	<b>85</b> Zip	Code		
	16	O and COT 1500 Clerida Ctal	tutos the el		namad	severation authorite this statement for the		i obangina i	h registered		
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 age			d Ape	ent Bignature	required when reinstating)	DATE	DIDECTOR	00 IN 10		
12.				13.		ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition		
TITLE	_							Citaline	L Nocation		
NAME	ROTHMAN, ROBERT			AME	ŀ	11.00 (C) . (O) )	<b>5</b> (	10	a		
STHEET ADDRESS					ADDRESS	16057 lampa Blvd.	$\nu$ , $\kappa$	DOX 17	8		
CITY - ST - ZIP	TAMPA FL				T-ZIP	16057 Tampa Blvd. 1 Tampa, FL 3364	7		TO		
MEF				TLE	i	5VP1'		Change	Addition		
NAME				AME		Andrew R. Stein					
STREET ADDRESS				TREET	ADDRESS	1415 FOUR Rd., Ste. 200	5		1		
CITY - ST - ZIP	TAMPA FL		2.40	ITY-5	ST-ZIP	wilmington. DE					
THE				TLE		PCEO J		Change	Addition		
NAME	Youssef, Shaker A			AME							
STREET ADDRESS	1415 FOULK RD., STE 100			TREET	ADDRESS	Suite 205					
CHY-SI-ZIP	WILMINGTON DE		3.4 (	HTY - S	ŞT-ZIP						
TILLE	VS	DELETE	4.1 To			VPS		Change	Addition		
NAME	VOSS, DEANNA		4.21	AME				•			
STREET ADDRESS	1415 FOULK RD., STE 100		4.3 S	TREET	ADDRESS	Svite 205					
C-TY - ST - ZiP	WILMINGTON DE			4.4 CITY-ST-ZIP		24,10					
TIFLE	V	DELETE	5.1 Ti			EVP		Change	Addition		
NAME	ROTHSEID, ANDREW R	_ "	5.2 N			pe v t		•			
STREET ADDIRESS	1415 FOULK RD., STE 100					Suite 205					
	WILMINGTON DE			54 CHY-ST-ZIP		DUIL DO					
CHY-ST-ZIP	VILINITOTOTOL	DELETE	6.1 T		)) - LIF	SVP		Change	Addition		
TITLE	GRUBB, DAVID Ł	- Milli	6.1 I			Svr		الهامان المعوا			
NAME	1415 FOULK RD., STE 100				ADDRESS	Svite 205					
\$1REET ADORESS	WILMINGTON DE				ADDRESS						
CHY-SI-ZIP	WILMINGTON DE	1 61 1 10	6.4 C	ITY-S	T-ZIP	taled in Castian 110 07/9/9 Elected State			110		

I do 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 a larged, or on an attachment with an address.

**SIGNATURE:**