

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

FILED
May 12 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 # F96000004532 (5)
 1. Corporation Name
INTERNATIONAL AMERICAN MANAGEMENT COMPANY



Principal Place of Business 1415 FOULK ROAD, STE 200 STE 205 WILMINGTON DE 19803 US	Mailing Address 1415 FOULK ROAD, STE 200 STE 205 WILMINGTON DE 19803 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1415 Foulk Road Suite, Apt. #, etc. 22 Suite 200 City & State 23 Zip 24	2a. Mailing Address 26 1415 Foulk Road Suite, Apt. #, etc. 27 Suite 200 City & State 28 Zip 29
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3. Date Incorporated or Qualified 09/04/1996	4. FEI Number 51-0376785	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		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 CD	<input type="checkbox"/> DELETE	1.1 TITLE ROTHMAN, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 16057 TAMPA BLVD W BOX 198 TAMPA FL		1.2 NAME 100 N. Tampa street, Suite 3675	
STREET ADDRESS TAMPA FL		1.3 STREET ADDRESS 100 N. Tampa street, Suite 3675	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SVPT	<input type="checkbox"/> DELETE	2.1 TITLE EVP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEIN, ANDREW R.		2.2 NAME 1415 Foulk Road, Suite 200	
STREET ADDRESS 1415 FOULD RD STE 205 WILMINGTON DE		2.3 STREET ADDRESS 1415 Foulk Road, Suite 200	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE PCEO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE P/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YOUSSEF, SHAKER A		3.2 NAME Peter R. Porrino	
STREET ADDRESS 1415 FOULK RD STE 205 WILMINGTON DE		3.3 STREET ADDRESS One Landmark Square	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Stamford, CT 06901	
TITLE VPS	<input type="checkbox"/> DELETE	4.1 TITLE 1415 Foulk Road, Suite 200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOSS, DEANNA		4.2 NAME 1415 Foulk Road, Suite 200	
STREET ADDRESS 1415 FOULD RD STE 205 WILMINGTON DE		4.3 STREET ADDRESS 1415 Foulk Road, Suite 200	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE EVP	<input type="checkbox"/> DELETE	5.1 TITLE SVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROTHSEID, ANDREW R		5.2 NAME 1415 Foulk Road, Suite 200	
STREET ADDRESS 1415 FOULK RD STE 205 WILMINGTON DE		5.3 STREET ADDRESS 1415 Foulk Road, Suite 200	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE SVP	<input type="checkbox"/> DELETE	6.1 TITLE SVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRUBB, DAVID L		6.2 NAME 1415 Foulk Road, Suite 200	
STREET ADDRESS 1415 FOULK RD STE 205 WILMINGTON DE		6.3 STREET ADDRESS 1415 Foulk Road, Suite 200	
CITY-ST-ZIP		6.4 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: **Deanna Voss** **4/24/98** **302/477-5979**

CR2E034 (10/97)