

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

FILED  
Jan 26 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 # **F96000006056 (3)**  
1. Corporation Name  
**INTERNATIONAL INSURANCE HOLDINGS CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% CAROLYN P. LANDIS 201 CRANDON BOULEVARD.. #170 KEY BISCAYNE FL 33149</b>		Mailing Address <b>% CAROLYN P. LANDIS 201 CRANDON BOULEVARD.. #170 KEY BISCAYNE FL 33149</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>11/19/1996</b>		4. FEI Number <b>51-0111487</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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 <b>LANDIS, CAROLYN P 201 CRANDON BOULEVARD., #170 KEY BISCAYNE FL 33149</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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

*Carolyn P. Landis*  
Signature, typed or printed name of registered agent and title if applicable

**CAROLYN P. LANDIS**  
(NOTE: Registered Agent signature required when reinstating)

**1/5/98**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDIS, MARK</b>	1.2 NAME	
STREET ADDRESS	<b>201 CRANDON BOULEVARD., #170</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDIS, CAROLYN P</b>	2.2 NAME	
STREET ADDRESS	<b>201 CRANDON BOULEVARD., #170</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDIS, MITCHELL</b>	3.2 NAME	
STREET ADDRESS	<b>87 PATTON DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EAST BRUNSWICK NJ 08816</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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

*Carolyn P. Landis*  
**CAROLYN P. LANDIS**  
**1/5/98**

CR2E034 (10/97)