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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K18043

1. Corporation Name

INTERNATIONAL ASSET MANAGEMENT CORP.

Principal Place of Business Mailing Address						-		IBIN BIBNI NOOF
250 PARK AVE		250 PARK AVE SOUTH						
STE - 200		STE - 200	9 ·			DO NOT WRITE IN THIS SPACE		
WINTER PARK FL 32789 WINTER PARK FL 3 US US						3. Date incorporated or Qualifed		
US		00				03/15/1988		
2 Princinal Pl	ace of Business	2a. Mailing Address				4, FEI Number	Ap	plied For
21	000 01 200111000	26				59-2899581	No	t Applicable
Suite, Apt. :	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
27						5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip			Country		8. This corporation owes the current year Inta		
24	25	29 30	0			Totabilar Toporty Turn	☐Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered A	gent	
VEITI	A DICCO I		81	l Nar	ne			
VEITIA, DIEGO J.			82	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
250 PARK AVE SOUTH STE - 200			02	83				
WINTER PARK FL 32789			0	1				
*****	LETT THAT TE SELVED		84	City	i .	FL	85 Zip (Code
11 0	4 Davison 607 050	2 and 607 1509. Florida Statutos	the abov	(a. nam	ed corpo		hanging its	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 a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute:	S.				
SIGNATURE		d and title if applicable (MOTE: D.	enelered Ane	not sional	ure required	when reinstating) DATE		\
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.	orit aigitot	are required i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	I		1.2 NAME					
STREET ADDRESS 250 PARK AVE SOUTH / STE - 200			1.3 STREET ADDRESS		ESS			
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-	ST-ZIP				
TITLE			2.1 TITLE				Change	☐ Addition
NAME	l		2.2 NAME					
STREET ADDRESS	OF DADY AVE COUTH CHITE OOG			2.3 STREET ADDRESS				i
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 CITY-	ST-ZIP			-	
TITLE	PDT	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	MICELI, JEROME F.		3.2 NAME					
STREET ADDRESS	250 PARK AVE. SOUTH, STE. 2	200	3.3 STREE	ET ADDR	ESS			}
CITY-ST-ZIP	WINTER PARK FL 32789		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME	•				
STREET ADDRESS			4.3 STREE	ET ADDR	ESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	☐ DELETE 5.11		5.1 TITLE			•	☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDR	ESS			
CITY-ST-ZIP			5.4 CITY-		\perp			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	et addr	ESS			İ

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

407-629-1400

Daytime Phone #