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

PROFIT CORPORATION ANNUAL REPORT

1997



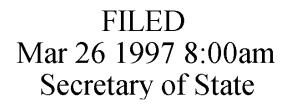
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	K21565
1. Corporation Name	. — . • • •

(2)



IEA ACQUISITION CORP.))
Principal Place of Business MICHAEL B. WERNER 1111 LINCOLN ROAD. SUITE 800 MIAMI BEACH FL 33139	Mailing Address % MICHAEL B. WERNER 1111 LINCOLN ROAD, SUITE MIAMI BEACH FL 33139-2451	800		
			3. Date Incorporated or Qualified 04/21/1988	3a. Date of Last Report 02/02/1996
2. Principal Place of Business	2a. Mailing Address		4, FEI Number 65-0056230	Applied For
Suite, Apt #, etc	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Hequired
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability fo	or intangible tax under s. 199.032,
24 25 9 Name and Address of C	29 3	0	Florida Statutes 10. Name and Address of New F	Yes No
	urrent Hegistered Agent	81 Name 44 1		
WEST, CY 1111 LINCOLN ROAD, SUITE 80	n	Mil		WER_
MIAMI BEACH FL 33139	~	82 Street Addre	ess (P.O. Box Number is Not Accepted LINCOLN ROP	
		83 50	ITE 800	
		84 City	Ami BEACH	FL 85 Zip Code 33/39
11. Pursuant to the provisions of Sections 607	7.0502 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the	purpose of changing its registered
office or registered agent, or both, in the agent. I am familiar with, and accept he	obligations of, Section 607,0505, Floridations	inorized by the corporati da Statutes.	on's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE / Signature Typed or protoch name of register	A MIOTE I	Registered Agent signature require	1/18/7	DATE
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE P	DELETE	1.1 TITLE		Change Addition
NAME WERNER, MICHAEL B.		1.2 NAME		
STREET ADDRESS 11111 LINCOLN RD., #800 CITY-ST-ZIP MIAMI BEACH FL		1.3 STREET ADDRESS	•	ا
TITLE V	DELETE	1.4 CITY-ST-ZIP 2.3 TITLE		Change Addition
NAME GARFINKLE, BENJAMIN	<u> </u>	2.2 NAME		
STREET ADDRESS 1111 LINCOLN RD., #800	•	2.3 STREET ADDRESS		
CITY-SI-ZIP MIAMI BEACH FL	Doctor	2 4 CITY - ST - ZIP		The state of the s
THE ST NAME WEST, CY	☐ DELETE	31 TITLE 32 NAME		Change Addition
STREET ADDRESS 1111 LINCOLN RD., #800	•	3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI BEACH FL		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS City-S1-ZIP		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		}
10LE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - 7 IP	☐ DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
NAME	T pricer	6.2 NAME		C Change C Actual
STREET ADDRESS		6.3 STREET ADDRESS		
€(TY-ST-ZIP		6.4 CITY-ST-ZIP	in Dealine 440 07/0V/s Fleside Cont.	

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 changed or on an attachment with an address.

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