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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90222 003 ***150.00

DOCI IMENT.	# 1404000
DOCUMENT :	" M61296

1. Corporation Name IHA. INC.

Principal Place	of Business	Mailing Address				All Afals biall AlAlt I	11 0 31 4 1413 1403
C/O FRED HAV	FNICK	C/O FRED HAVENICK					
401 N.W. 38 CT	I.W. 38 CT. 401 N.W. 38 CT.		DO NOT INDITE IN T	UC CDACE			
MIAMI FL 33126	5	MIAMI FL 33126			3. Date Incorporated or Qualifed	HIS SPACE	
					I		-
		2a. Mailing Address			10/22/1987 4, FEI Number	Δn	plied For
-	ace of Business	<u>-</u> -			NOT APPLICABLE	├ ─- ├	t Applicable
21 Suite Ant f	26			\$8.75			
	-, etc.	27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	<u> </u>	28			Trust Fund Contribution	Added 1	
Zip	Country	Zip	Cou	untry	8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent	
	tin tirti o			81 Name			
	UR, NEAL O.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	N.W. 38 CT.						
MIAN	AI FL 33126			83			1
				84 City		85 Zip	Code
				1 '			
							registered
office or re agent. I an	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obli	te of Florida. Such change was	authorize	d by the corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	ppointment as re	gistered
office or re agent. I an SiGNATURE	egistered agent, or both, in the Sta	te of Florida. Such change was gations of, Section 607.0505, F	authorize Florida Stal	d by the corporation	on's board of directors. I nereby accept the ap	opoinument as re	gistered
office or re agent. I an SiGNATURE	egistered agent, or both, in the Sta m famillar with, and accept the obli Signature, typed or printed name of registered a	te of Florida. Such change was gations of, Section 607.0505, F	authorize Florida Stal	d by the corporation tutes.	on's board of directors. I nereby accept the ap	AND DIRECTO	PRS IN 12
office or re agent. I an	egistered agent, or both, in the Sta m famillar with, and accept the obli Signature, typed or printed name of registered a	te of Florida, Such change was gations of, Section 607,0505, F	orida Stal	d by the corporation tutes.	on's board of directors. I neterby accept the ap-	opolitiment as re	gistered
office or reagent. I an SIGNATURE	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS	authorize lorida Stal	d by the corporation tutes.	on's board of directors. I neterby accept the ap-	AND DIRECTO	PRS IN 12
office or reagent. 1 and SIGNATURE	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS	TE: Registered 13.	d by the corporation tutes. d Agent signature require	on's board of directors. I neterby accept the ap-	AND DIRECTO	PRS IN 12
office or reagent. 1 and SIGNATURE 12. TITLE NAME	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H.	te of Florida. Such change was gations of, Section 607.0505, Flagent and title of applicable. (NC AND DIRECTORS	TE: Registered 13. 1.1 T 1.2 N 1.3 S	d by the corporation tutes. d Agent signature require	on's board of directors. I neterby accept the ap-	S AND DIRECTO	ORS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS	TE: Registered 13. 1.1 T 1.2 N 1.3 S	d by the corporation tutes. d Agent signature require TITLE IAME STREET ADDRESS CITY-ST-ZIP	on's board of directors. I neterby accept the ap-	AND DIRECTO	PRS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Flagent and title of applicable. (NC AND DIRECTORS	5 authorize Florida Stal DTE: Registered 13. 1.1.1 1.2.N 1.3.S 1.4.0 2.1.T	d by the corporation tutes. d Agent signature require TITLE IAME STREET ADDRESS CITY-ST-ZIP	on's board of directors. I neterby accept the ap-	S AND DIRECTO	ORS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Flagent and title of applicable. (NC AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	d by the corporation tutes. d Agent signature require TITLE IAME STREET ADDRESS CITY-ST-ZIP	on's board of directors. I neterby accept the ap-	S AND DIRECTO	ORS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS DELETE	13. 1.17 1.2N 1.3S 1.40 2.17 2.2N 2.3S 2.40	d by the corporation tutes. d Agent signature require tutes. TILE tame STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	on's board of directors. I neterby accept the ap-	AND DIRECTO	ORS IN 12 Addition Addition
office or reagent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Flagent and title of applicable. (NC AND DIRECTORS	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.35 2.40 3.17	d by the corporation tutes. d Agent signature require ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE	on's board of directors. I neterby accept the ap-	S AND DIRECTO	ORS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS DELETE	13. 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.4(3.17 3.2N	d by the corporation tutes. d Agent signature require tutes. TILE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	on's board of directors. I neterby accept the ap-	AND DIRECTO	ORS IN 12 Addition Addition
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS DELETE	13. 1.17 1.2N 2.3 S 2.4(3.17 3.2N 3.3 S	d by the corporation tutes. d Agent signature require tutes. TILE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS	on's board of directors. I neterby accept the ap-	AND DIRECTO	ORS IN 12 Addition Addition
office or reagent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NCAND DIRECTORS DELETE) DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.38 2.40 3.17 3.2N 3.38 3.4.6	d by the corporation tutes. d Agent signature require tutes. TILE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change	PRS IN 12 Addition Addition
office or reagent. I an agent.	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.35 2.40 3.17 3.2N 3.38 3.4.6	d by the corporation tutes. d Agent signature require street ADDRESS city-St-ZIP title tame street ADDRESS city-St-ZIP title tame street ADDRESS city-St-ZIP title tame street ADDRESS city-St-ZIP title tit	on's board of directors. I neterby accept the ap-	AND DIRECTO	ORS IN 12 Addition Addition
office or reagent. I an agent.	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NCAND DIRECTORS DELETE) DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.38 2.40 3.17 3.2N 3.38 3.4.6 4.17 4.21	d by the corporation tutes. In a signature require street address	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change	PRS IN 12 Addition Addition
office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NCAND DIRECTORS DELETE) DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.38 2.40 3.17 3.2N 3.38 3.4.0 4.17 4.21	d by the corporation tutes. In a signature require street address	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change	PRS IN 12 Addition Addition
office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NCAND DIRECTORS DELETE) DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.38 2.40 3.17 3.2N 3.38 3.4.0 4.17 4.21 4.38	d by the corporation tutes. In a signature require street address	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office of reagent. I an SIGNATURE 12. 111. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NCAND DIRECTORS DELETE) DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.38 2.40 3.17 3.2N 3.38 3.4.0 4.17 4.21 4.38	d by the corporation tutes. In a signature require tute. In a	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change	PRS IN 12 Addition Addition
office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NCAND DIRECTORS DELETE) DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.38 2.40 3.17 3.2N 3.38 3.4.0 4.17 4.21 4.38 4.40 5.17 5.2N	d by the corporation tutes. In a signature require tute. In a	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NCAND DIRECTORS DELETE) DELETE	### Sauthorize Tip	d by the corporation tutes. In a signature require street address city-st-zip In a signature require street address city-street a	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS DELETE DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.38 2.40 3.17 3.2N 3.38 3.4.0 4.17 4.21 4.38 4.40 5.17 5.2N 5.38	d by the corporation tutes. In a signature require street address city-st-zip	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NCAND DIRECTORS DELETE) DELETE	13. 1.17 1.2N 1.38 1.40 2.17 2.2N 2.38 2.40 3.17 3.2N 3.38 3.4.0 4.17 4.21 4.38 4.40 5.17 5.2N 5.38 5.40 6.17	d by the corporation tutes. In a signature require street address city-st-zip title In a street address city-st-zip title	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
Office of te agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS DELETE DELETE	### Sauthorizer 13.	d by the corporation tutes. In a signature require street address city-st-zip In a signature require street address city-street addre	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	agistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. D AMDUR, ISABELLE H. 3511 BAYSHORE DRIVE	te of Florida. Such change was gations of, Section 607.0505, Fagent and title if applicable. (NC AND DIRECTORS DELETE DELETE	5 authorizer Florida Stal TE: Registered 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	d by the corporation tutes. In a signature require street address city-st-zip title In a street address city-st-zip title	on's board of directors. I neterby accept the ap-	AND DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition

officer or director of the comprehensing amount report is find and accurate and find my signature shall have the same logar effect as it made the same logar effect a

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISABELLE H. AMDUR

04-29-99 (305) 649-3000

 $\equiv i \, \bar{a}$