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 # P93000047046 (6)

IAE INC

Principal Place of Business Mailing Address \$511 N.E. 22ND AVENUE 3511 N.E. 22ND AVENUE 3RD FLOOR 3RD FLOOR FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308-6226						
US		US			3. Date Incorporated or Qualified 07/06/1993*	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address			4. FEt Number	Applied For
21		26			65-0422447	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Clity & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	C	ountry	8. This corporation has liability fo	
24	25	29	30			Yes No
 -	9. Name and Address of Cu		11		10. Name and Address of New R	egistered Agent
office o	nt to the provisions of Sections 607. Ir registered agent, or both, in the S I am familiar with, and accept the o	tate of Florida. Such change:	was authoriz	zed by the corpor	rporation submits this statement for the ation's board of directors. I hereby according	FL 85 Zip Code purpose of changing its registered ept the appointment as registered
SIGNATUR	Signature, typed or printed name of registers	d agent and little if applicable	(NOTE Registe	ered Agent signature reg	jured when re-estating)	DATE
12.	OFFICERS	AND DIRECTORS	13) <u>.</u>	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
TITLE	SEC	☐ DELET	Ē 1,1	THLE		Change Addition
NAME	ALBANESE, ARVIO L		1.2	NAME		
STREET ADDRES			1.3	STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP		
TITLE	PRES	☐ DELET	£ 21	THILE		Change Addition
NAME	O'BRIEN, JOHN		22	NAME		
STREET ADDRES	. 25	3RD FLOOR	2.3	STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	T1 ::-:-		4 CITY-ST-ZIP		
TITLE		☐ DELET		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRES	^S			STREET ADDRESS		
CITY-ST-ZIP			3.4	LICITY-ST-ZIP		

6.4 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this fling 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 trubbee 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 in an attachment with an address.

41 TITLE

4. 2 NAME

5.1 THEF

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME :

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

4/20/92

Change

Change

Change

Addition Addition

Addition

Addition

FILED

May 13 1997 8:00am

Secretary of State