FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054999 (4)

1. Corporation Name

IA SUBSIDIARY, INC.

Principal Place of Business

8800 NORTHWEST 36TH STREET
MIAMI FL 33178

Mailing Address

8800 NORTHWEST 36TH STREET
MIAMI FL 33178

3. Date Incorporated or Qualified: 07/17/1995
3a. Date of Last Report:

4. FEI Number: APPLIED FOR — [x] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [XX] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TABERNILLA, ARMANDO A
8800 NORTHWEST 36TH STREET
MIAMI FL 33178

10. Name and Address of New Registered Agent

-02/22/96--01012--007
****200.00

81 Name
82 Street Address (P.O. Box Not Acceptable)
83
84 City FL 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 ____________ DATE ______

12. OFFICERS AND DIRECTORS

Field	Value
TITLE	D [X] DELETE
NAME	TABERNILLA, ARMANDO A
STREET ADDRESS	8800 NORTHWEST 36TH STREET
CITY-ST-ZIP	MIAMI FL 33178
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change/Addition
1.1 TITLE	DS	[X] Change [ ] Addition
1.2 NAME	Tabernilla, Armando A.	
1.3 STREET ADDRESS	8800 N.W. 36 Street, Miami, FL 33178	
1.4 CITY-ST-ZIP		
2.1 TITLE	DP	[ ] Change [XX] Addition
2.2 NAME	D'Urso, Giorgio	
2.3 STREET ADDRESS	2140 North Miami Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33127	
3.1 TITLE	D	[ ] Change [X] Addition
3.2 NAME	Pfenniger, Richard C.	
3.3 STREET ADDRESS	8800 N.W. 36 Street, Miami, FL 33127	
3.4 CITY-ST-ZIP		
4.1 TITLE	T	[ ] Change [XX] Addition
4.2 NAME	Zinzi, Andrew	
4.3 STREET ADDRESS	8800 N.W. 36 Street, Miami, FL 33178	
4.4 CITY-ST-ZIP		
5.1 TITLE	AT	[ ] Change [XX] Addition
5.2 NAME	Siegel, Jordan	
5.3 STREET ADDRESS	8800 N.W. 36 Street, Miami, FL 33178	
5.4 CITY-ST-ZIP		
6.1 TITLE	AS	[ ] Change [X] Addition
6.2 NAME	Rubin, Dora B.	
6.3 STREET ADDRESS	8800 N.W. 36 Street, Miami, FL 33178	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 1/18/96 305-590-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dora B. Rubin, Assistant Secretary

CR2E034 (12/95)