Salomon Peter Form 4/A November 16, 2004

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

subject to

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

12/31/2002

Stock

See Instruction

1. Name and Address of Reporting Person * Salomon Peter			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
						IA INC	[DOF	<b>R</b> ]	(Chec	ck all applicable	)	
(Last)	(First) (I	Middle)	3. Date of	Earliest	Tra	nsaction						
			(Month/D	ay/Year)	)				_X_ Director		Owner	
1691 MICH	IGAN, SUITE 4	35	09/09/20	004					Officer (give below)	below)	er (specify	
(Street) 4. If An			4. If Amer	endment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Mo			Filed(Mon	Month/Day/Year)					Applicable Line)			
			09/09/20	004					_X_ Form filed by 0			
MIAMI, FL	33139								Form filed by N Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Nor	ı-De	erivative S	ecurit	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deer	ned	3.		4. Securiti	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	n Date, if	Transa	ctio	n(A) or Dis	posed	of (D)	Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code		(Instr. 3, 4	and 5	<b>5</b> )	Beneficially	(D) or	Beneficial	
		(Month/I	Day/Year)	(Instr. 8	3)				Owned	Indirect (I)	Ownership	
									Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
							or		(Instr. 3 and 4)			
_				Code	V	Amount	(D)	Price	(			
Common	12/31/2002			Δ		10.000	Δ	\$	415,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

A

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

415,000

0.35

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

10,000 A

#### Edgar Filing: Salomon Peter - Form 4/A

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	ransactionDerivative Expiration Date ode Securities (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Stock Options (right to buy)	\$ 0.58	09/09/2004		A	50,000	09/09/2004	09/09/2014	Common Stock	50,000
Stock Options (right to buy)	\$ 0.9					09/15/2003	09/15/2013	Common Stock	50,000
Stock Options	\$ 0.85					03/14/2003	03/14/2013	Common Stock	150,000
Stock Warrants (right to buy)	\$ 0.75					12/31/2002	12/31/2007	Common Stock	5,000
Stock Options (right to buy)	\$ 0.2					10/23/2002	10/23/2012	Common stock	100,000
Stock Options (right to buy)	\$ 0.4					06/14/2002	06/14/2012	Common Stock	50,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b>F</b>	Director	10% Owner	Officer	Other			
Salomon Peter 1691 MICHIGAN SUITE 435 MIAMI, FL 33139	X						
Signatures							
/s/ Peter Salomon 0	9/20/2004						
	Date						

Reporting Owners 2

\*\*Signature of Reporting Person

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Signatures 3