FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number: 3235-01							
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Wheeler Justin Rex			Date of Event equiring Staten Month/Day/Year 1/18/2004	nent	3. Issuer Name and Ticker or Trading Symbol INTERNATIONAL ASSETS HOLDING CORP [ IAAC ]						
(Last) (First) (Middle) C/O LEUCADIA NATIONAL CORPORATION					Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			1)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
200 EAST SO	UTH TEMPL	E				Officer (give title below)	Other (spe	´   6	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) SALT LAKE CITY,	UT	84111								y More than One	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		cṫ (D)   (In	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exert Expiration D (Month/Day/		ate	and 3. Title and Amount of Se Underlying Derivative Se					6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivative Security			

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ Justin R. Wheeler 01/11/2005

\*\* Signature of Reporting Person Date

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

- \* If the form is filed by more than one reporting person, see Instruction 5 (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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.