FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

FL

(State)

SPRINGS

(City)

32701

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

Indirect by Trust.

Direct by Diego J. Veitia

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Secti	ion :	30(h) of the	inv	estmer	t Con	ipany Act	01 194	U									
1. Name and Address of Reporting Person* VEITIA DIEGO J FAMILY TRUST						2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL ASSETS HOLDING (Check all applicable) 5. Relationship of Reporting Person(s												. ,					
I VINITA DIRAGOJEMBILA TRUST						CORP [IAAC]										Director 10% Owner Officer (give title X Other (specify							
(Last) (First) (Middle)																	belov	v) Former 1		below)		
220 E. CENTRAL PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 02/18/2005												ronner i	.0% UV	viiei			
SUITE 2	060				02/	10/2	200	.5															
(Street)					4. 1	f Ame	end	ment, Date	of C	Original	Filed	(Month/Da	ay/Yea	r)			idual o	r Joint/Grouլ	Filing (Check A	Applicable		
ALTAMONTE																	Line) Form filed by One Reporting Person						
SPRINGS FL 32701																	X Form filed by More than One Reporting Person						
(City)		Ctata)	(7in)		-																		
(City)	(-		(Zip)																				
		Tab	le I - Noi	n-Deri	vative	Se	cu	rities Ad	qu	ıired,	Disp	osed o	f, or	Ben	eficia	lly (Owne	ed					
1. Title of S	Security (In	str. 3)		2. Tran		Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				4 and Se		ount of ties	6. Ownership Form: Direct		7. Nature of Indired		
				(Month	/Day/Ye							5)				Owne		cially I Following	(D) or Indirect (I) (Instr. 4)	Beneficia Ownersh			
									Ī	Code	v	Amount	(4	A) or D)	Price			ted action(s) 3 and 4)			(Instr. 4)		
						_			\dashv				- 10)			(IIISII.	s anu 4)			Indiana		
																					Indirec		
Common Stock 02/18/						5				S		1,000)	D	\$8.0	05	29	96,316		I	Direct		
																					Diego . Veitia		
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		1,	able II - I)					varrants								y Ov	viieu						
1. Title of Derivative	2.	3. Transaction				4.						able and		le and		8. Price of		9. Number o		10. Ownership	11. Natur		
Security (Instr. 3)	Conversion or Exercise Price of		Execution if any (Month/Da	,	Transaction Code (Instr 8)		r.	r. Derivative Securities Acquired (A) or Disposed of (D)		Expiration Date (Month/Day/Year)			Amount of Securities Underlying			Derivative Security (Instr. 5)		derivative Securities Beneficially	For		Benefici Ownersi		
(Derivative Security		(.,, ,		,							Deriv	Derivative Security (Instr. 3 and 4)				Owned Following	or I	or Indirect (I) (Instr. 4)	(Instr. 4)		
																	- 1	Reported Transaction(s)					
								(Instr. 3, 4 and 5)										(Instr. 4)					
									T		Т			Amor	ount								
									l _D	ate		expiration			nber								
					Code	V V	\perp	(A) (D)		xercisal		ate	Title	Sha	res								
		of Reporting Person*																					
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(Street) ALTAM	ONTE																						
SPRINGS FL 32701																							
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(City) (State) (Zip)																							
		of Reporting Person*	r																				
<u>VEITI</u>	A DIEGO	<u>) J</u>																					
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SUITE 2																							
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(Street)																							

Explanation of Responses:

 Diego J. Veitia, Trustee
 02/23/2004

 Diego J. Veitia
 02/23/2004

** 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 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.

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.