FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:27

DOCUMENT # 769356 (7)

1. Corporation Name
TOURNAMENT OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
~~9611 NW 17TH ST~~ ~~MIAMI FL 33125~~	3750 N. W. 87 AVENUE SUITE 600 MIAMI FL 33178 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1983	3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2397084	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3750 NW 87 Avenue	26
22 Suite, Apt. #, etc. Suite 600	27 Suite, Apt. #, etc.
23 City & State MIAMI, FLORIDA	28 City & State
24 Zip 33178 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALEXANDER, WILLIAM 13601 S.W. 103RD AVE. MIAMI FL 33176	81 Name 82 Street Address (P.O. Box Number is 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D	1.1 TITLE	ADLER, GUIDO DIRECTOR ☐ Change X Addition
NAME	ALEXANDER, WILLIAM	1.2 NAME	
STREET ADDRESS	13601 S.W. 103 AVENUE	1.3 STREET ADDRESS	2655 Le Jeune Rd., Suite 1006
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD	2.1 TITLE	DIRECTOR ☐ Change X Addition
NAME	ARGAMASILLA, JOSE	2.2 NAME	~~Jose~~ ALEXANDER, JOHN M.
STREET ADDRESS	2100 BISCAYNE BLVD.	2.3 STREET ADDRESS	5825 SW 99 TERRACE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	TREJO, DELIO	3.2 NAME	
STREET ADDRESS	8700 S.W. 97 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	AGUILERA, GUIDO A.	4.2 NAME	
STREET ADDRESS	815 PONCE DE LEON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	AGS. SEC./D	5.1 TITLE	☐ Change ☐ Addition
NAME	AGUILERA, ANTONIO M.	5.2 NAME	
STREET ADDRESS	815 PONCE DE LEON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRELL, KEITH	6.2 NAME	
STREET ADDRESS	7648 NW 26 CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL	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)(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: William Alexander 1/13/95 (305) 717-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — CHMN & DIRECTOR — Date — Daytime Phone #

0044737