

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Feb 20, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769356 (7)**

1. Corporation Name

**TOURNAMENT OF THE AMERICAS, INC.**



Principal Place of Business

3750 NW 87TH AVENUE  
SUITE 600  
MIAMI FL 33178  
US

Mailing Address

3750 N. W. 87 AVENUE  
SUITE 600  
MIAMI FL 33178  
US

3. Date Incorporated or Qualified  
**07/14/1983**

3a. Date of Last Report  
**02/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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**

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C/D ☐ DELETE  
NAME ALEXANDER, WILLIAM  
STREET ADDRESS 13601 S.W. 103 AVENUE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME ARGAMASILLA, JOSE  
STREET ADDRESS 2100 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VTD ☒ DELETE  
NAME TREJO, DELIO  
STREET ADDRESS 8700 S.W. 97 TERRACE  
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Director  
3.3 STREET ADDRESS Alexander, John  
3.4 CITY-ST-ZIP 7445 N. W. 12 Street  
Miami, FL 33126

TITLE SD ☒ DELETE  
NAME AGUILERA, GUIDO A.  
STREET ADDRESS 815 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Director/Treasurer  
4.3 STREET ADDRESS Garriga, Marta  
4.4 CITY-ST-ZIP 760 N. W.107 Avenue, Suite 412  
Miami, FL 33178

TITLE ASD ☐ DELETE  
NAME AGUILERA, ANTONIO M.  
STREET ADDRESS 815 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME HARRELL, KEITH  
STREET ADDRESS 8648 NW 26 CT.  
CITY-ST-ZIP CORAL SPRINGS FL

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Director  
6.3 STREET ADDRESS Adler, Guido  
6.4 CITY-ST-ZIP 2655 Le Jeune Road, Suite 1006  
Coral Gables, FL 33134

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

(305) 717-5600

Date

Daytime Phone #

CR2E037 (12/95)