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Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769356** (7)

1. Corporation Name

TOURNAMENT OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

3750 NW 87TH AVENUE  
SUITE 600  
MIAMI FL 33178  
US

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



3. Date Incorporated or Qualified

07/14/1983

4. FEI Number

59-2397084

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

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

TITLE D ☐ DELETE  
NAME ALEXANDER, JOHN  
STREET ADDRESS 7445 NW 12TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE DT ☐ DELETE  
NAME GARRIGA, MARTA  
STREET ADDRESS 760 NW 107TH AVENUE, SUITE 412  
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

William Alexander 1/5/98

(305) 717-5600

CR2E037 (10/97)