


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90132 020 ****61.25

0034744

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 769356

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/14/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2397084	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ALEXANDER, WILLIAM
 13601 S.W. 103RD AVE.
 MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	D / Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, WILLIAM	1.2 NAME	BOHATCH, JOHN
STREET ADDRESS	13601 S.W. 103 AVENUE	1.3 STREET ADDRESS	2600 Douglas Rd, Penthouse 8
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARGAMASILLA, JOSE	2.2 NAME	STRAFACI, FRANK
STREET ADDRESS	2100 BISCAYNE BLVD.	2.3 STREET ADDRESS	2701 South Bayshore Drive, Ste. 600
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Coconut Grove, Fl 33133
TITLE	D / T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, JOHN	3.2 NAME	LINDNER, ENRIQUE
STREET ADDRESS	7445 NW 12TH STREET	3.3 STREET ADDRESS	1050 S W 65 Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl 33144
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D / Assistant Trasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRIGA, MARTA	4.2 NAME	DOVAL, FRANCES
STREET ADDRESS	760 NW 107TH AVENUE, SUITE 412	4.3 STREET ADDRESS	13705 S.W. 107 Terrace
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILERA, GUIDO	5.2 NAME	
STREET ADDRESS	815 PONCE DE LEON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERAÑA, EDUARDO	6.2 NAME	
STREET ADDRESS	700 NW 107 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

Date

Daytime Phone #

CR2E037 (1/98)