

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **V67724** (7)

95 JAN 17 PM 1:25

1. Corporation Name  
**T.M. OF AMERICA INC.**

Principal Place of Business Mailing Address  
**1000 BRICKELL AVENUE SUITE 630 MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/25/1992** 3a. Date of Last Report **01/24/1994**

4. FEI Number **65-0363609** 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

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  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ALONSO-PERRINO, LUISA**  
**1000 BRICKELL AVENUE**  
**SUITE 630**  
**MIAMI FL 33129**

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

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

(NOTE: Registered Agent signature required when recertifying)

(DATE)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRINO, PEDRO</b>	1.2 NAME	
STREET ADDRESS	<b>1000 BRICKELL AVE. S-630</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>STV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALONSO-PERRINO LUISA</b>	2.2 NAME	
STREET ADDRESS	<b>1000 BRICKELL AVE. S-630</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and that I qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated as the 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 recipient of the report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with my address.

SIGNATURE:

*Pedro Perrino*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR **PEDRO PERRINO** 1/9/95 (305) 373-4400