

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V67724 (7)**  
1. Corporation Name  
**T.M. of America, Inc.**

Principal Place of Business <b>1000 Brickell Avenue Suite 630 Miami, FL 33129</b>	Mailing Address <b>1000 Brickell Avenue Suite 630 Miami, FL 33129</b>
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2. Principal Place of Business 21 <b>40 SW 13th. St.</b>	2a. Mailing Address 26 <b>40 SW 13th. St.</b>
Suite, Apt. #, etc. 22 <b>Suite # 1</b>	Suite, Apt. #, etc. 27 <b>Suite # 1</b>
City & State 23 <b>Miami, Florida</b>	City & State 28 <b>Miami, Florida</b>
Zip 24 <b>33130</b>	Country 25
Country 25	Zip 29 <b>33130</b>
Country 29	Country 30

3. Date Incorporated or Qualified <b>09/25/1992</b>	3a. Date of Last Report <b>02/23/96</b>
4. FEI Number <b>65-0363609</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Alonso-Perrino, Luisa**  
**1000 Brickell Avenue**  
**Suite 630**  
**Miami, FL 33129**

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

81 Name <b>Alonso-Perrino, Luisa</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1541 Brickell Ave Apt. #C2206</b>
83 City <b>Miami</b>
84 State <b>FL</b>
85 Zip Code <b>33129</b>

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: *Luisa A. Perrino* **LUISA A. PERRINO** DATE: 04/21/97

**12. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>Perrino, Pedro</b>	
STREET ADDRESS <b>1000 Brickell Ave. S-630</b>	
CITY-ST-ZIP <b>Miami, FL</b>	
TITLE <b>STV</b>	<input type="checkbox"/> DELETE
NAME <b>Alonso-Perrino Luisa</b>	
STREET ADDRESS <b>1000 Brickell Ave. S-630</b>	
CITY-ST-ZIP <b>Miami, FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

11 TITLE <b>V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>Perrino, Pedro</b>	
13 STREET ADDRESS <b>40 SW 13th. St., Ste. #1</b>	
14 CITY-ST-ZIP <b>Miami, FL 33130</b>	
21 TITLE <b>P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME <b>Alonso-Perrino Luisa</b>	
23 STREET ADDRESS <b>40 SW 13th. St., Ste#1</b>	
24 CITY-ST-ZIP <b>Miami, FL 33130</b>	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME <b>100002164141</b>	
63 STREET ADDRESS <b>-05/02/97--01117--016</b>	
64 CITY-ST-ZIP <b>***165.00</b>	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Luisa A. Perrino* **Luisa A. Perrino** DATE: 04/21/1997 (305)373-4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #