## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instruc	tions to the Form 550	ло-ог.		
Р	art I	Annual Report	Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012	
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m
	ı		special extension (enter descr	. ,				
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation				
	Name of					1b	Three-digit	
ALLE	GRO R	ESORTS MARKETING	3 401(K) PLAN				plan number	004
							(PN) <b>•</b>	001
						1C	Effective date of 01/01/	•
			dress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identif	ication Number
ALLI	EGRO R	ESORTS MARKETIN	G CORP				(EIN) 65-039	94262
						2c	Sponsor's teleph 305-262	
		LAGOON DRIVE SUIT 3126-6004	E 250			2d	Business code (	
						24	54160	
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN
						3c	Administrator's to	elephone number
							7 (47)	0.0p.1.01.0 1.u.100.
4	If the n	ame and/or EIN of the	e plan sponsor has changed since t	the last return/report filed fo	r this plan, enter the	4b	EIN	
_	name,	EIN, and the plan nur	mber from the last return/report.			4.0	DVI	
_		or's name				4c	PN T	
			at the beginning of the plan year			5a		18
b			at the end of the plan year account balances as of the end of t			5b		19
			account balances as of the end of t		•	5c		5
6a	Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instruct	tions.)			X Yes No
b			the annual examination and repor					Voc □ No
			? (See instructions on waiver eligibi					X Yes   No
			ther line 6a or line 6b, the plan c					
			or incomplete filing of this return					
			ner penalties set forth in the instruc					
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as the electronic vers	sion of this return/repor	t, and t	to the best of my	knowledge and
					<u> </u>			
SIG		Filed with authorized/	valid electronic signature.	10/08/2013	LEANDRO BALBUEN	IA.		
	I\L	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adm	ninistrator
SIG								
		Signature of emplo	<del> </del>	Date	Enter name of individ			
Pre	parer's i	name (including firm n	ame, if applicable) and address; in	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2** 

Dor	t III   Financial Information		<u> </u>		_			
<u> </u>	t III Financial Information  Plan Assets and Liabilities		(a) Danimin mat Van		1		(h) Fud of Voca	
		7-	(a) Beginning of Yea			(b) End of Year		
	Total plan assets	7a 7b	12300	55			113653	
	Net plan assets (subtract line 7b from line 7a)	7c	12506	35			113653	
	Income, Expenses, and Transfers for this Plan Year	70		55				
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	686	66				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	1401	14011				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					20877	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3214	8				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	14	1				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					32289	
	Net income (loss) (subtract line 8h from line 8c)	8i					-11412	
<u> </u>	Transfers to (from) the plan (see instructions)	8j						
Par								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acterist	tic Cod	es in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristic	Code:	s in tl	he instructions:	
Part								
10	During the plan year:	d	and the Control of the confict of the	1	Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	$\neg$	Χ		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i				
Part	1 1 5 11			1				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					1a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 30	)2 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year				1	2b		

	Form 5500-SF 2012 Page <b>3</b> - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

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Part I		▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.	Illa	hection	
		dentification Information						
	lar plan year 2012 or fisc	xal plan year beginning  X a single-employer plan	01/01/2012	and ending		12/31/201	.2	
A This re	turn/report is for:	olan (not multiemployer)		a one-partici	pant plan			
<b>B</b> This re	turn/report is:							
	s)							
C Check	box if filing under:	2 2		DFVC progra	am			
	antiment and medit (1) commission francis (medit = 1 × 11.0° ±20° 00° 00±20° 01.0° 12.0°	special extension (enter descri	ption)					
Part II	Basic Plan Infor	mation—enter all requested info	DS 04252004PC					
1a Name		enter an requested line	imation		1b	Three-digit		
	2000	RKETING 401(K) PLAN				plan number		
		THE TOTAL PERIN				(PN) ▶	00	1
		1c	1c Effective date of plan					
2a Plan a	upopoor's name and add			seema particular on particular pa		01/01/2007	/	
ALLE	GRO RESORTS MA	ress; include room or suite number	r (employer, if for a single	-employer plan)	2b	Employer Identif	ication Nur	nber
********	ONO REDORED IN	KKBIING COKE			20	(EIN) 65-039 Sponsor's telep		
					20	(305) 262-		er
6303	BLUE LAGOON D	RIVE SUITE 250			2d	Business code (	2010/2017/05/25	ions)
MIAM	Ī		FI.	33126-6004		541600	oo moreo	
3a Plan a	idministrator's name and	address X Same as Plan Sponso			3b	Administrator's E	EIN	
					3c	Administrator's t	elephone n	umber
4 If the	name and/or EIN of the	plan sponsor has changed since th	ne last return/report filed for	or this plan, enter the	4b	FIN		
name	, EIN, and the plan num	ber from the last return/report.						
a Spons	or's name				10.55			
					4c	PN		
	number of participants a	t the beginning of the plan year			4c 5a	PN		18
	number of participants a	t the beginning of the plan year t the end of the plan year				PN		18
b Total c Numb	number of participants a number of participants a per of participants with a	t the end of the plan year count balances as of the end of th	ue plan year (defined bene	efit plans do not	5a 5b	PN		19
b Total c Numb	number of participants a number of participants a per of participants with a lete this item)	t the end of the plan yearccount balances as of the end of th	e plan year (defined bend	efit plans do not	5a 5b 5c			19
b Total c Numb comp 6a Were	number of participants a number of participants a per of participants with a lete this item)e all of the plan's assets	t the end of the plan yearccount balances as of the end of the	ie plan year (defined bene	efit plans do not	5a 5b 5c		X Yes	19
b Total c Numb comp 6a Were b Are ye	number of participants a number of participants a per of participants with a lete this item) all of the plan's assets ou claiming a waiver of t	t the end of the plan yearccount balances as of the end of the during the plan year invested in elighteen the annual examination and report	e plan year (defined bene gible assets? (See instruc of an independent qualifie	efit plans do not	5a 5b 5c		_	19 5 <b>No</b>
b Total c Numb comp 6a Were b Are younder	number of participants a number of participants a per of participants with a lete this item)	t the end of the plan year count balances as of the end of the during the plan year invested in elig he annual examination and report (See instructions on waiver eligibili	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.)ed public accountant (IQI	5a 5b 5c 5c		X Yes	19
b Total c Numb comp 6a Were b Are younder If you	number of participants a number of participants a per of participants with a lete this item) e all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? I answered "No" to eith	t the end of the plan yeardecount balances as of the end of the during the plan year invested in eliquent the annual examination and report (See instructions on waiver eligibiliner line 6a or line 6b, the plan ca	gible assets? (See instruction of an independent qualified and conditions.)	efit plans do not etions.)ed public accountant (IQI	5a 5b 5c ->A)	5500.	_	19 5 <b>No</b>
b Total c Numb comp 6a Were b Are younder If you Caution: A	number of participants a number of participants a per of participants with a lete this item) e all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? u answered "No" to eitl	t the end of the plan yeardecount balances as of the end of the during the plan year invested in eligible he annual examination and report (See instructions on waiver eligibilitier line 6a or line 6b, the plan car	gible assets? (See instruction of an independent qualification of an independent will be assessed	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau	5a 5b 5c ⊃A) Form	5500. established.	X Yes	19 5 No No
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche	number of participants a number of participants a per of participants with a lete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/rep	5a 5b 5c CA) Form se is	5500. established. cluding, if applica	X Yes	19 5 No No
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche	number of participants a number of participants a per of participants with a lete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/rep	5a 5b 5c CA) Form se is	5500. established. cluding, if applica	X Yes	19 5 No No
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is	number of participants a number of participants a per of participants with a lete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not etions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report	5a 5b 5c PA) Form se is ort, in, and	5500. established. cluding, if applica	X Yes	19 5 No No
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche	number of participants a number of participants a per of participants with a lete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not etions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/rep rsion of this return/report	5a 5b 5c CA) Form se is ort, in, and the	5500. established. cluding, if applica	X Yes	19 5 No No
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	number of participants a number of participants a per of participants with a lete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not etions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report	5a 5b 5c CA) Form se is ort, in, and the	5500. established. cluding, if applica	X Yes	19 5 No No
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	number of participants a number of participants a per of participants with a lete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not etions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report rsion of this return/report Leandro Balbue Enter name of individu	5a 5b 5c PA) Form se is ort, in and i	5500. established. cluding, if applica o the best of my	X Yes Able, a Scheknowledge	19 5 No No edule and
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	number of participants a number of participants a per of participants with a plete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not  ctions.)  ed public accountant (IQI  and must instead use  unless reasonable cau  examined this return/report  ction of this return/report  Leandro Balbue  Enter name of individu	5a 5b 5c PA) Form se is oort, in and i	5500. established. cluding, if applica to the best of my	X Yes  Able, a Sch knowledge	19 5 No No edule and
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	number of participants a number of participants a per of participants with a plete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not  ctions.)  ed public accountant (IQI  and must instead use  unless reasonable cau  examined this return/report  ction of this return/report  Leandro Balbue  Enter name of individu	5a 5b 5c PA) Form se is oort, in and i	5500. established. cluding, if applica o the best of my	X Yes  Able, a Sch knowledge	19 5 No No edule and
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	number of participants a number of participants a per of participants with a plete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not  ctions.)  ed public accountant (IQI  and must instead use  unless reasonable cau  examined this return/report  ction of this return/report  Leandro Balbue  Enter name of individu	5a 5b 5c PA) Form se is oort, in and i	5500. established. cluding, if applica to the best of my	X Yes  Able, a Sch knowledge	19 5 No No edule and
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	number of participants a number of participants a per of participants with a plete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not  ctions.)  ed public accountant (IQI  and must instead use  unless reasonable cau  examined this return/report  ction of this return/report  Leandro Balbue  Enter name of individu	5a 5b 5c PA) Form se is oort, in and i	5500. established. cluding, if applica to the best of my	X Yes  Able, a Sch knowledge	19 5 No No edule and
b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	number of participants a number of participants a per of participants with a plete this item)	t the end of the plan year	gible assets? (See instruction of an independent qualified ty and conditions.)	efit plans do not  ctions.)  ed public accountant (IQI  and must instead use  unless reasonable cau  examined this return/report  ction of this return/report  Leandro Balbue  Enter name of individu	5a 5b 5c PA) Form se is oort, in and i	5500. established. cluding, if applica to the best of my	X Yes  Able, a Sch knowledge	19 5 No No edule and

Pai	t III Financial Information		- Commission - Com						Marine Chrosomas, and
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	Ĭ		(b) End	of Year	
а	Total plan assets	7a		5,06	5		(-/		13,653
b	Total plan liabilities	7b				III III			
_ c	Net plan assets (subtract line 7b from line 7a)	. 7c	12	5,06	5			1	13,653
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	,
a	Contributions received or receivable from: (1) Employers	8a(1)	.,						
( Darring of the control of the cont	(2) Participants	8a(2)		6,86	6				
	(3) Others (including rollovers)	8a(3)		0,00		Hille			177
	Other income (loss)	8b	1.	4,01	1		di e		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							20,877
d	Benefits paid (including direct rollovers and insurance premiums							nde Salik	A Paragraph
	to provide benefits)	8d	32	2,14	8	15			
	Certain deemed and/or corrective distributions (see instructions)	8e					60.7		
200	Administrative service providers (salaries, fees, commissions)	8f		14	1				
	Other expenses	8g	W						
-0	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							32,289
	Net income (loss) (subtract line 8h from line 8c)	8i			THE STATE OF			(1	1,412)
	Transfers to (from) the plan (see instructions)	8j						1970.7	ang di
	t IV Plan Characteristics								
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withir	the time period described in	10a		Х			income and the second
b		? (Do not i	nclude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	*	Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	ner persons of the bene	s by an insurance carrier, fits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i				Keri i	
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete S	Sched	lule SE	(Form	Yes	⊠No
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or sec	ction 3	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th Day	e date of	the letter r Year	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year					12b		animina de Carlos de	

	Form 5500-SF 2012	Page <b>3</b> - [					
	Enter the execut contributed by the englance to the class	H			12c		- 01
	Enter the amount contributed by the employer to the plan for				120		
a	Subtract the amount in line 12c from the amount in line 12t negative amount)	o. Enter the result (enter a minu	s sig	gn to the left of a	12d		
e	Will the minimum funding amount reported on line 12d be r	met by the funding deadline?				Yes	No N/A
Part	VII Plan Terminations and Transfers of Ass	sets					
_13a	Has a resolution to terminate the plan been adopted in any plan	n year?			\\ \\ \\ \	es X No	)
	If "Yes," enter the amount of any plan assets that reverted	to the employer this year			13a		
b	Were all the plan assets distributed to participants or benef of the PBGC?	ficiaries, transferred to another	plan	, or brought under the	control		Yes X No
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instruction	erred from this plan to another p	olan(	(s), identify the plan(s	) to		
	I3c(1) Name of plan(s):				13c(2) El	N(s)	13c(3) PN(s)
-200							
Part	VIII Trust Information (optional)			•			***************************************
14a	Name of trust				14b Tr	ust's EIN	
00015-015-00							