## 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

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	▶ Complete all entries in accord	rdance with the instru	ctions to the Form 550	0-SF.		•
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	13	and ending 1	2/31/2	013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This return/report is:							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descripti	on)				
Part II	Basic Plan Infor	mation—enter all requested inform	nation				
1a Name	of plan				1b	Three-digit	
LOGO OF TH	HE AMERICAS 401(K)	PLAN				plan number	
						(PN) ▶	001
					1c	Effective date of	f plan
						01/01	/1982
	ponsor's name and add HE AMERICAS	ress; include room or suite number (	employer, if for a single-	-employer plan)			fication Number 13525
4040 NODTI	LLOOMMEDOE DADIO	MAX			2c	Sponsor's telep	
SUITE 2	H COMMERCE PARKV	VAY			2d		(see instructions)
WESTON, F	L 33326-3222					42399	` ,
3a Plan a	dministrator's name and	d address Same as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's I	EIN 313525
OGO OF TH	E AMERICAS	1840 NORTH SUITE 2	COMMERCE PARKWA	AY	3c		telephone number
		WESTON, FL	33326-3222			954-349	•
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	last return/report filed for	or this plan, enter the			
name, <b>a</b> Sponse	, EIN, and the plan num or's name	ber from the last return/report.	· 		4c		
name, a Sponse 5a Total r	EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		37
a Sponso 5a Total r b Total r	EIN, and the plan num or's name number of participants a number of participants a	at the beginning of the plan year			4c		37 33
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Form 5500-SF 2013 Page **2** 

Day	t III Financial Information						
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	39832				373188
	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c	39832	5			373188
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:  (1) Employers	8a(1)	218	7			
	(2) Participants	8a(2)	979	0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	7969	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					91671
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	11265	8			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	415	0			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					116808
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-25137
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics				•		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
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			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		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X	
е							
	insurance service, or other organization that provides some or all			100	X		2492
	instructions.)			10e		X	2492
	Has the plan failed to provide any benefit when due under the pla	n?		10f		^	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Χ		258
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			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			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39	<u></u>		11a	
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo						
h	Enter the minimum required contribution for this plan year					12b	

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С	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)				
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?	Y	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 beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	3c(1) Name of plan(s): 13	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Denartment of Labor

## 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).

2013

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 12/31/2013 01/01/2013 and ending For calendar plan year 2013 or fiscal plan year beginning x a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report ☐ DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Logo of the Americas 401(k) Plan 001 (PN) 🕨 1c Effective date of plan 01/01/1982 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Logo of the Americas (EIN) 36-3313525 2c Sponsor's telephone number 954-349-5300 1840 North Commerce Parkway 2d Business code (see instructions) Suite 2 423990 33326-3222 Weston FL 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 36-3313525 Logo of the Americas 3c Administrator's telephone number 954-349-5300 1840 North Commerce Parkway Suite 2 33326-3222 Weston FT. 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 37 5a Total number of participants at the beginning of the plan year ..... 5a 33 b Total number of participants at the end of the plan year ..... 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 22 complete this item). Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes No Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an eprofied actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Marcia Cooper SICK HERE Enter name of individual signing as plan administrator Signature of plan administrator Date Marcia Cooper SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	3:	9832	25		373188
<b>b</b> Total plan liabilities	7b			0		0
C Net plan assets (subtract line 7b from line 7a)	. 7c	3.	9832	25		373188
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:			218	37	•	en de la companya de La companya de la co
(1) Employers	8a(1)		979		<del></del>	
(2) Participants	. Ba(2)		913	0		
(3) Others (including rollovers)	8a(3)		7969	-		
b Other income (loss)	8b		1903	-		91671
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			-		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1:	1265	8		
e Certain deemed and/or corrective distributions (see instructions)	8e			0		
f Administrative service providers (salaries, fees, commissions)	8f		415	50		
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<del> </del>					116808
i Net income (loss) (subtract line 8h from line 8c)	T					-25137
i Transfers to (from) the plan (see instructions)	8i			0		the second second
Part IV Plan Characteristics	<u> </u>					
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
2E 2G 2J 2K 3D						1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
b If the plan provides welfare benefits, enter the applicable welfare t	eature cod	les from the List of Plan Chara	cterist	ic Co	ies in t	ne instructions:
Part V   Compliance Questions				Yes	No	Amount
10 During the plan year:			r	Tes	NO	Amount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a	Ì	Х	
b Were there any nonexempt transactions with any party-in-interes	t? (Do net	include transactions reported	401-		х	
on line 10a.)  C Was the plan covered by a fidelity bond?			10b	х		500000
d Did the plan have a loss, whether or not reimbursed by the plan's			100	<b></b>		
or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or ot	her person	s by an insurance carrier,			1	
insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х		2492
f Has the plan failed to provide any benefit when due under the pla					х	
			10f	<del> </del>	<del>                                     </del>	258
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х		230
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 to	he require	d notice or one of the				
exceptions to providing the notice applied under 29 CFR 2520.10	)1-3		101	<u> </u>		
Part VI Pension Funding Compliance		No. II and instructions and some		Cobo	dula CI	7 (Farm
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)						
11a Enter the unpaid minimum required contribution for current year	rom Sched	dule SB (Form 5500) line 39		<u>l</u>	11a	
12 Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					<del></del>	
If a waiver of the minimum funding standard for a prior year is bel granting the waiver.				, and	enter ti Day	
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Foi	rm 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year					12b	

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c	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					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to the PBGC?	he control			es 🛭 No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):	13c(2) l	EIN(s)	130	(3) PN(s)	
<del></del>						
			<del></del>			
				1		
Par	VIII Trust Information (optional)					
14a Name of trust		14b	14b Trust's EIN			