

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-03-1999 90021 049 *****61.25

DOCUMENT # 747590

1. Corporation Name

MUNICIPIO DE BAYAMO, MONUMENTO NACIONAL (EN EL E XILIO), INC.

Principal Place of Business
4315 N.W. 7TH STREET, SUITE 12
MIAMI FL 33126

Mailing Address
4315 N.W. 7TH STREET, SUITE 12
MIAMI FL 33126



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 06/12/1979 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | NOT APPLICABLE |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> |
| 24 | 25 | \$8.75 Additional Fee Required |
| Country | Zip | 6. Election Campaign Financing <input type="checkbox"/> |
| 29 | 30 | \$5.00 May Be Added to Fees |
| Country | Country | Trust Fund Contribution <input type="checkbox"/> |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| 81 Name | 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 83 |
| 84 City | 84 City |
| 85 Zip Code | 85 Zip Code |

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | |
|----------------------------|---------------------------|--|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPOTE, ORIENTE L | 1.2 NAME | |
| STREET ADDRESS | 4315 N.W. 7TH STREET, #12 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33126 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARIAS, DOMINGO C. | 2.2 NAME | |
| STREET ADDRESS | 4315 N.W. 7TH STREET, #12 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33126 | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, JOSE R | 3.2 NAME | |
| STREET ADDRESS | 4315 N.W. 7TH STREET, #12 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33126 | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAMORA, GENOVERIA | 4.2 NAME | |
| STREET ADDRESS | 4315 N.W. 7TH STREET, #12 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33126 | 4.4 CITY-ST-ZIP | |
| TITLE | VSD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AGUILERA, IDA ROSA | 5.2 NAME | |
| STREET ADDRESS | 4315 N.W. 7TH STREET, #12 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33126 | 5.4 CITY-ST-ZIP | |
| TITLE | TD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMOS, JORGE C | 6.2 NAME | |
| STREET ADDRESS | 4315 N.W. 7TH STREET, #12 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33126 | 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: *Oriente Capote* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
01-12-99 Date
305-822-2872 Daytime Phone #

CR2E037 (1/98)