


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 747590**  
 1. Entity Name  
 MUNICIPIO DE BAYAMO, MONUMENTO NACIONAL (EN EL EXILIO), 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
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAPOTE, OREIENTE L  
 4315 N.W. 7TH STREET, #12  
 MIAMI, FL 33126

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPOTE, ORIENTE L 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARIAS, DOMINGO C 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, JOSE R 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMORA, GENOVERIA 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AGUILERA, IDA ROSA 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMOS, JORGE C 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126

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 02/04/04-80014-005 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oriente L. Capote* 1-19-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #