

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747590** (8)
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
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3. Date Incorporated or Qualified
06/12/1979

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Dr. Oreste L. Capote* **REQUIRED** 01-12-98.

CR2E037 (10/97)