

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-NP

CR2E037 (11/05)

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LABAUT, SATURNINO  
7164 SW 13 TERRACE  
MIAMI, FL 33144**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>LABAUT, SATURNINO</b>
<b>STREET ADDRESS</b>	<b>7164 SW 13 TERR</b>
<b>CITY-STATE-ZIP</b>	<b>MIAMI, FL 33144</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>MORALES-GEORGE, HECTOR</b>
<b>STREET ADDRESS</b>	<b>4011 TOLEDO ST</b>
<b>CITY-STATE-ZIP</b>	<b>CORAL GABLES, FL 33146</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>CEDENO, JORGE</b>
<b>STREET ADDRESS</b>	<b>4315 N.W. 7TH STREET, #12</b>
<b>CITY-STATE-ZIP</b>	<b>MIAMI, FL 33126</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>LABAUT, CLARA</b>
<b>STREET ADDRESS</b>	<b>7164 SW 13 TERR</b>
<b>CITY-STATE-ZIP</b>	<b>MIAMI, FL 33144</b>
<b>TITLE</b>	<b>VTD</b>
<b>NAME</b>	<b>BENITEZ, JUAN M</b>
<b>STREET ADDRESS</b>	<b>10865 SW 3 ST</b>
<b>CITY-STATE-ZIP</b>	<b>MIAMI, FL 33165</b>
<b>TITLE</b>	<b>VSD</b>
<b>NAME</b>	<b>TROYANO, JOSE</b>
<b>STREET ADDRESS</b>	<b>1620 SW 2 STREET</b>
<b>CITY-STATE-ZIP</b>	<b>MIAMI, FL 33135</b>

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01/18/06-80048-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Saturnino Labaut* *Saturnino Labaut* *01/11/06* *305.261.5555*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #