

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748238 (3)

1. Corporation Name

MIAMI RIGHT TO LIFE, INC.



Principal Place of Business

P O BOX 453306
2451 BRICKELL AVE., APT. 6J
MIAMI FL 33245

Mailing Address

P O BOX 453306
2451 BRICKELL AVE., APT. 6J
MIAMI FL 33245

3. Date Incorporated or Qualified 07/27/1979 3a. Date of Last Report 03/15/1995

2. Principal Place of Business 21 2451 BRICKELL AVE 2a. Mailing Address 26 MIAMI RIGHT TO LIFE

4. FEI Number 59-2001289 Applied For Not Applicable

22 Suite, Apt. #, etc. APT. 6 U 27 Suite, Apt. #, etc. P.O. Box 453306

5. Certificate of Status Desired 5. \$8.75 Additional Fee Required

23 City & State MIAMI, FL 28 City & State MIAMI, FL

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

24 Zip 33129 25 Country USA 29 Zip 33245-3306 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

AUGENSTEIN, MARTHA J.
2463 SW 13 ST
MIAMI FL 33145

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

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME AUGENSTEIN, MARTHA J.
STREET ADDRESS 2463 SW 13 ST
CITY-STATE-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VP
NAME MILANI, LINDA
STREET ADDRESS 1701 MACANOPY
CITY-STATE-ZIP MIAMI FL 33133

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE SD
NAME CHIN, ANDREW
STREET ADDRESS 11301 SW 156TH ST.
CITY-STATE-ZIP MIAMI FL 33157

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D
NAME WALSH, LARRY
STREET ADDRESS 1191 NW 8TH ST. RD.
CITY-STATE-ZIP MIAMI FL 33136

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE T
NAME ALLEN, MARTHA A.
STREET ADDRESS 2451 BRICKELL AVENUE, APT 6J
CITY-STATE-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D
NAME TALAMUS, JULIA
STREET ADDRESS 545 ZAMORA AVE
CITY-STATE-ZIP CORAL GABLES FL

6.1 TITLE
6.2 NAME TALAMAS, JULIA
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Martha A Allen MARTHA A ALLEN Feb 6, 1996 305 3796208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)