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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 748238

1. Corporation Name

MIAMI RIGHT TO LIFE, INC.

Principal Place of Business	Mailing Address
2451 BRICKELL AVE APT 6J MIAMI FL 33129 US	MIAMI RIGHT TO LIFE P O BOX 453306 MIAMI FL 33245-3306 US

2. Principal Place of Business 21	2a. Mailing Address 26 601 Brickell Key Dr.	3. Date Incorporated or Qualifed 07/27/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 805	4. FEI Number 59-2001289 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami, FL	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33131 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 ALLEN, Martha Galego
82 Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE
83 SUITE 805
84 City MIAMI, FL 85 Zip Code 33131

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 ALLEN, ROBERT, N, President DATE 3/16/99
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~AUGENSTEIN, MARTHA J.~~ ~~2463 SW 13 ST~~ ~~MIAMI FL~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MARTHA A. ALLEN 2451 BRICKELL APT 6J MIAMI, FL 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHIN, ANDREW 11301 SW 156TH ST. MIAMI FL 33157	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, LARRY 1191 NW 8TH ST. RD. MIAMI FL 33136	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLEN, MARTHA A. 2451 BRICKELL AVENUE, APT 6J MIAMI FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TALAMAS, JULIA 545 ZAMORA AVE CORAL GABLES FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUGENSTEIN, MARTHA, J 2463 SW 13 ST MIAMI, FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED President 3/13/99 (305) 856 276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)