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Mar 02 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 # 748238 (3)

1. Corporation Name
MIAMI RIGHT TO LIFE, INC.



Principal Place of Business 2451 BRICKELL AVE APT 6J MIAMI FL 33129 US	Mailing Address MIAMI RIGHT TO LIFE P O BOX 453306 MIAMI FL 33245-3306 US
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3. Date Incorporated or Qualified
07/27/1979

4. FEI Number
59-2001289

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD AUGENSTEIN, MARTHA J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2463 SW 13 ST	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD CHIN, ANDREW	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11301 SW 158TH ST.	2.2 NAME	
STREET ADDRESS	MIAMI FL 33157	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D WALSH, LARRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1191 NW 8TH ST. RD.	3.2 NAME	
STREET ADDRESS	MIAMI FL 33136	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T ALLEN, MARTHA A.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2451 BRICKELL AVENUE, APT 6J	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TALAMUS, JULIA	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	545 ZAMORA AVE	5.2 NAME	
STREET ADDRESS	CORAL GABLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

TALAMAS, JULIA Change Addition
545 ZAMORA AVE
CORAL GABLES FL

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: *Martha A. Allen* **Feb 2, 1998** 305 3796208

CFR2E037 (10/97)