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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90087 021 \*\*\*\*70.00

**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

2451 BRICKELL AVE  
APT 6J  
MIAMI FL 33129  
US

Mailing Address

MIAMI RIGHT TO LIFE  
P O BOX 453306  
MIAMI FL 33245-3306  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/27/1979

4. FEI Number

59-2001289

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

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 **ALIEN, Robert N.**  
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 **ALIEN, ROBERT N. President**  
Signature, typed or printed name of registered agent and title if applicable.

(Not for Registered Agent signature required when reinstating)

DATE

**3/16/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AUGENSTEIN, MARTHA J.	
STREET ADDRESS	2463 SW 13 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHIN, ANDREW	
STREET ADDRESS	11301 SW 156TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, LARRY	
STREET ADDRESS	1191 NW 8TH ST. RD.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALLEN, MARTHA A.	
STREET ADDRESS	2451 BRICKELL AVENUE, APT 6J	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TALAMAS, JULIA	
STREET ADDRESS	545 ZAMORA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUGENSTEIN, MARTHA J.	
STREET ADDRESS	2463 SW 13 ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARTHA A. ALLEN	
1.3 STREET ADDRESS	2451 BRICKELL AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33129	
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director

Date **3/13/99** Daytime Phone # **(305) 856 2761**

CRF037 (1/98)