

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:14

DOCUMENT # **N49447 (8)**

1. Corporation Name
MIAMI RIGHT TO LIFE EDUCATION FUND, INC.

Principal Place of Business Mailing Address
2451 BRICKELL AVE 6J MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1992** 3a. Date of Last Report **02/03/1994**
4. FEI Number **65-0344285** Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALLEN, ROBERT N JR.
501 BRICKELL KEY DR., STE 210
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **ALLEN, ROBERT N. JR.**
82 Street Address (P.O. Box Number is Not Acceptable) **601 BRICKELL KEY DR., STE 805**
83
84 City **MIAMI** FL 85 Zip Code **33131**

REGISTRATION NAME REGISTRY.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **ALLEN & GALEGO** By: **Robert N. Allen, Jr. President** DATE **2/27/95**

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	ALLEN, MARTHA A
STREET ADDRESS	2451 BRICKELL AVE 6J
CITY-ST-ZIP	MIAMI FL
TITLE	DP
NAME	CHIN, ANDREW
STREET ADDRESS	11301 SW 156TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	DV
NAME	TALAMAS, JULIA
STREET ADDRESS	545 ZAMORA
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	WALSH, LAWRENCE
STREET ADDRESS	1191 NW 8TH ST RD
CITY-ST-ZIP	MIAMI FL
TITLE	DS
NAME	AUGENSTEIN, MARTHA J
STREET ADDRESS	2483 SW 13TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 DIRECTOR** DATE **2/28/95** (305) 379 6208