

FILE NOW: FILING FEE IS \$61.25 *Amended*

018521

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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JUN 11 11:30
 TALLAHASSEE, FLORIDA

DOCUMENT # N49447
 1. Corporation Name
 MIAMI RIGHT TO LIFE EDUCATION FUND, INC.

Principal Place of Business 2451 BRICKELL AVE APT 6J MIAMI, FL 33129	Mailing Address
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/18/1992

2. Principal Place of Business 21	2a. Mailing Address 26 c/o 601 BRICKELL KEY DR.	4. FEI Number 65-0344285	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 805	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 MIAMI, FL 33131	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ALLEN & GALEGO
 601 BRICKELL KEY DRIVE
 SUITE 805
 MIAMI FL 33131

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA A. ALLEN	1.2 NAME	
STREET ADDRESS	2451 BRICKELL AVE, APT. 6J	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIA TALAMAS	2.2 NAME	100002911221-015
STREET ADDRESS	545 ZAMORA	2.3 STREET ADDRESS	-06/21/99--01149--015
CITY-ST-ZIP	CORAL GABLES, FL	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA J. AUGENSTEIN	3.2 NAME	
STREET ADDRESS	2463 SW 13TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE WALSH	4.2 NAME	
STREET ADDRESS	1191 NW 8TH ST RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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 607, 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: *Martha A. Allen* 6/9/99 305-372-3300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)