

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

FLORIDA CORPORATION  
ANNUAL REPORT  
1995



SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA 32399-0001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:11

DOCUMENT # **M33354** (5)

1. Corporation Name  
**NEW LIFE INVESTMENTS INC.**

Foreign Office (If Applicable) Mailing Address  
**2999 N.E. 191 ST.  
SUITE 804  
N. MIAMI BEACH FL 33180  
US**  
**-C/O HUGHES & SILVERS-  
-1141-KANE CONCOURSE-  
-BAY-HARBOR-ISLANDS-FL-33154-  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/09/1986** 3a. Date of Last Report **01/31/1994**  
4. FEI Number **59-2693937** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 169.03, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
**21** **26** **1/0 HUGHES SILVERS + GLASSMAN**  
22. State, Apt. #, etc. **27** **1140 KANE CONCOURSE - 5th FLR**  
City & State **28** **BAY HARBOR ISLANDS, FL**  
23. Zip **29** **33154** Country **30**

9. Name and Address of Current Registered Agent  
**SILVERS, ROBERT HENRY  
C/O HUGHES & SILVERS-  
1141-KANE CONCOURSE  
BAY-HARBOR-ISLAND-FL-33154---**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83** **1140 KANE CONCOURSE - 5th FLR.**  
**84 City** **BAY HARBOR ISLANDS** **85 Zip Code** **FL 33154**

11. Pursuant to the provisions of Sections 607.0502 and 607.1909, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 understand and accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<b>D SCHLECHT, ARTHUR</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.2 ADDRESS	<b>2999 NE 191 ST #804</b>	1.2 NAME	
12.3 CITY, ST, ZIP	<b>N MIAMI BCH FL</b>	1.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.5 NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.6 ADDRESS		2.2 NAME	
12.7 CITY, ST, ZIP		2.3 STREET ADDRESS	
12.8 CITY, ST, ZIP		2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.10 ADDRESS		3.2 NAME	
12.11 CITY, ST, ZIP		3.3 STREET ADDRESS	
12.12 CITY, ST, ZIP		3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.14 ADDRESS		4.2 NAME	
12.15 CITY, ST, ZIP		4.3 STREET ADDRESS	
12.16 CITY, ST, ZIP		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.18 ADDRESS		5.2 NAME	
12.19 CITY, ST, ZIP		5.3 STREET ADDRESS	
12.20 CITY, ST, ZIP		5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12.22 ADDRESS		6.2 NAME	
12.23 CITY, ST, ZIP		6.3 STREET ADDRESS	
12.24 CITY, ST, ZIP		6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New

14. I, the undersigned, do hereby affirm that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. 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 on the STATE BOARD OF CORPORATIONS or on an other form with an address.

SIGNATURE: *Arthur Schlecht* **2/22/95** **305 864 7531**  
SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR  
**ARTHUR SCHLECHT**