

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

FLORIDA CORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS
3000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32309-0001

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**
**-G/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**

2. Principal Place of Business 2a. Mailing Address
21 **26** **1/0 HUGHES SILVERS + GLASSMAN**

4. FEI Number **59-2693937** Applied For Not Applicable

22. State, Apt. #, etc. **27** **1140 KANE CONCOURSE - 5th FLR**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **28** **BAY HARBOR ISLANDS, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Country **25** Country **29** Zip **30** Zip **33154** Country

8. This corporation has liability for intangible tax under S. 169.03, Florida Statutes Yes No

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 City & State
84 City **BAY HARBOR ISLANDS** **FL** **85** Zip Code **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 11

NAME	STREET ADDRESS	CITY	ST.	ZIP
D SCHLECHT, ARTHUR	2999 NE 191 ST #804			
	N MIAMI BCH FL			

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, do hereby affirm that I am the duly authorized agent of the corporation and that the information supplied in this report 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 furnished 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 list of officers, directors, or trustees on an other format with an address.

SIGNATURE: *Arthur Schlecht*
SIGNATURE AND TITLE OF INDIVIDUAL NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR SCHLECHT

2/22/95 305 864 7531
Date Daytime Phone #