FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000063390 (5)

NEW EARTH INVESTMENTS, INC.

incipal Place of Business	Mailing Address
12012 Southwest 270 Street	12012 SOUTHWEST 270 STREET
Homestead FL 33032	HOMESTEAD FL 33032

FILED Apr 07 1998 8:00am Secretary of State



						B OKKED KIJOR KIKAD JOHN GON KODI	
Principal Place of Business Mailing Address							
12012 SOUTHWEST 270 STREET HOMESTEAD FL 33032 12012 SOUTHWEST 270 STREET HOMESTEAD FL 33032							
					DO NOT WRITE IN TH	IIS SPACE	
	<u> </u>				3. Date Incorporated or Qualified 08/16/1995		
2. Principal Place of Business 2a. Mailing Address			is.		4. FEI Number	Applied For	
21 26				65-0603338	Not Applicable		
Suite, Apt. #, etc. Suite 22 27		·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be		
23	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No	
	9. Name and Address of Curr				10. Name and Address of New Register	ed Agent	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 81 1							
343 ALMERIA AVENUE					(0.0. 6. N N		
CORAL GABLES FL 33134			8	82 Street Address (P.O. Box Number is Not Acceptable) 83			
			8:				
			8	4 City	F	B5 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12,		IND DIRECTORS	(NOTE: Hagistarad A	gont signature requi	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	DELE			ADDITIONS/ONANGES TO OFFICERS A	Change Addition	
NAME	SEAVEY, CRAIG M	المالي في	1.2 NAME			C our do C usualou (
STREET ADDRESS	12012 SOUTHWEST 270 S	TREET		ET ADDRESS		;	
CITY-ST-ZIP	HOMESTEAD FL 33032	*******	1.4 CITY-				
TITLE		DELE				Change Addition	
NAME			2.2 NAME	Į.			
STREET ADDRESS				ET ADDRESS			
			2.4 CITY	ľ		i	
CITY-ST-ZIP TITLE		T DELE				Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELE	3.4. CITY TE 4.1 TITLE			Change Addition	
		L. Dette	4.2 NAM				
NAME PERCET ADDRESS				-			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELE	4.4 CHY- TE 5.1 TITLE			Change Addition	
NAME ETECTT ADDOCCE			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZiP		DELE	5.4 CITY-			Change Addition	
TITLE		ר"ז הנינו	1			T CHRUNE T WOOKBOLL	
NAME			6.2 NAME				
STREET ADDRESS				T 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.

4/1/96 305-258-1827