

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 415847 (3)

95 FEB 22 AM 10: 02

1. Corporation Name
F. S. F. SALES CORP.

Principal Place of Business: 920-960 S. FEDERAL HWY. POMPANO BEACH FL 33062
Mailing Address: 920-960 S. FEDERAL HWY. POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/03/1973
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1458163
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent
OMALLEY, DANIEL J.
920-960 S. FEDERAL HWY.
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	OMALLEY, DANIEL J.
STREET ADDRESS	920 960 S. FEDERAL HWY
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	AS
NAME	KLEIN, MICHAEL
STREET ADDRESS	685 NW 79TH AVENUE
CITY - ST - ZIP	MARGATE FL
TITLE	P
NAME	LUTFI, LAMEH
STREET ADDRESS	920 960 S. FEDERAL HWY
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANIEL J. O'MALLEY	
1.3 STREET ADDRESS	920-960 S. FEDERAL HWY.	
1.4 CITY - ST - ZIP	POMPANO Beach, FL. 33062	
2.1 TITLE	VICE-PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSE BELLOSTA	
2.3 STREET ADDRESS	4811 LeJunne Road	
2.4 CITY - ST - ZIP	Coral Gables, FL. 33146	
3.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARLOS BELLOSTA	
3.3 STREET ADDRESS	4811 LeJunne Road	
3.4 CITY - ST - ZIP	Coral Gables, FL. 33146	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DANIEL J. O'MALLEY *Daniel J. O'Malley* 2/16/95 305-444-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)