

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

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 99 MAR 22 PM 12:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 415847

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc
 22 City & State
 23 Zip Country
 24

26 Suite, Apt. #, etc
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

**OMALLEY, DANIEL J.
 920-960 S. FEDERAL HWY.
 POMPANO BEACH FL 33062**

81 Name
 82 Street Address (P.O. Box Numbers 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

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when filing Form 1)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	OMALLEY, DANIEL J.	
STREET ADDRESS	920 960 S. FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPS	[] DELETE
NAME	BELLOSTA, JOSE	
STREET ADDRESS	4811 LEJUNNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	AS	[] DELETE
NAME	BELLOSTA, CARLOS	
STREET ADDRESS	4811 LEJUNNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

400002824154-1
 -03/30/99-01088-008
 ****150.00 ****150.00

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: *Dan Omalley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-942-1600

CR2E034 (1/199)