

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 1. Corporation Name **S32646**

F.F.S. GROUP, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 **2800 Island Blvd.**
Suite, Apt. #, etc.

26 **2800 Island Blvd.**
Suite, Apt. #, etc.

22 **2702**
City & State

27 **2702**
City & State

23 **Aventura, FL**
Zip Country

28 **Aventura, FL**
Zip Country

24 **33160**

25 **Dade**

29 **33160**

30 **Dade**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

07/15/95

4. FEI Number

65-025-7730

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. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

Fraynd-Singer, Fanny

82 Street Address (P.O. Box Number is Not Acceptable)

2800 Island Blvd., #2702

83

84 City **Aventura**

FL

85 Zip Code **33160**

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 **Fanny Fraynd-Singer**

Signature typed in printed form of registered agent or director.

Pres./Secretary 08/08/96

12. OFFICERS AND DIRECTORS

TITLE	D/P/S/	<input type="checkbox"/> DELETE
NAME	Fanny Fraynd-Singer	
STREET ADDRESS	2800 Island Blvd., #2702	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11 TITLE	VP
12 NAME	Salomon Singer
13 STREET ADDRESS	2800 Island Blvd., #2702
14 CITY-ST-ZIP	Aventura, FL 33160
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	Ronit Singer
24 CITY-ST-ZIP	2800 Island Blvd., #2702
31 TITLE	Aventura, FL 33160
32 NAME *	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

Fanny Fraynd-Singer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D/P/S

Aug. 8/1996 (305) 945-9200

Ext. 337

CR2E034 (12/95)