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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V54236** (7)
1. Corporation Name:
F. S. CONVENIENCE STORES, INC.

Principal Place of Business: **5800 NW 74TH AVENUE MIAMI FL 33166**
Mailing Address: **5800 NW 74TH AVENUE MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1992	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0347714	Applies For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 194.05, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc.	26. State Apt # etc.
22. City & State	27. City & State
23. ZIP	28. ZIP
24. COUNTY	29. COUNTY
25. COUNTY	30. COUNTY

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARED, JOSE 5800 N.W. 74TH AVE. MIAMI FL 33166				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 602.02(1) and 602.15(2), 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 Sections 602.02(1) and 602.15(2), Florida Statutes.

SIGNATURE: _____
Signature of Current Registered Agent (Required) Signature of New Registered Agent (Required) Date

12. OFFICERS AND EMPLOYEES		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: DP BARED, JOSE STREET ADDRESS: 5800 N.W. 74TH AVENUE CITY, STATE, ZIP: MIAMI FL 33166	13.1 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: VP MARC S. FELLER, STREET ADDRESS: 5800 NW 74TH AVE CITY, STATE, ZIP: MIAMI FL 33166	13.3 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: VP JOHN P. LAFRANKIE, STREET ADDRESS: 5800 NW 74TH AVE CITY, STATE, ZIP: MIAMI FL 33166	13.5 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME:	13.7 TYPE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	13.8 NAME: VP Marci L. Yunes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.5 NAME:	13.9 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.9 STREET ADDRESS: 5800 NW 74th Ave.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME:	13.10 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 CITY, STATE, ZIP: Miami, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	13.11 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.11 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME:	13.12 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.12 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	13.13 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.13 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME:	13.14 TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 194.05(1)(b), Florida Statutes. I further certify that the information is filed on the correct copy of the supplemental annual report to this report as required, 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 owner or holder empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Marci L. Yunes*
PRINT NAME AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President

4/27/95 305-592-3100
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