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**May 09 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33166-3740**

3. Date Incorporated or Qualified 07/30/1992	3a. Date of Last Report 03/06/1996
4. FEI Number 65-0347714	Applied For 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BARED, JOSE
5800 N.W. 74TH AVE.
MIAMI FL 33166

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BARED, JOSE	
STREET ADDRESS	5800 N.W. 74TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARC S. FELLER,	
STREET ADDRESS	5800 NW 74TH AVE	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOHN P. LAFRANKIE,	
STREET ADDRESS	5800 NW 74TH AVE	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YUNES, MARCI L	
STREET ADDRESS	5800 NW 74TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CANO, JORGE	
STREET ADDRESS	5800 NW 74TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bared, Maurice	
1.3 STREET ADDRESS	5800 NW 74th Ave.	
1.4 CITY - ST - ZIP	Miami, FL 33166	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tropp, Richard	
2.3 STREET ADDRESS	5800 NW 74th Ave.	
2.4 CITY - ST - ZIP	Miami, FL 33166	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 do 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.

SIGNATURE: *Marc L. Yunes* **4/30/97** **305-592-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)