FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000056049 (8)

1. Corporation Name
STOP N SAVE #5, INC.

Principal Place of Business	Mailing Address
30 SW 8TH AVENUE HALLANDALE FL 33009 US	11193 NW 17TH PLACE TAMARAC FL 33061 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1993
3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0456464 [ ] 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. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address 30 S.W. 8TH AVE HALLANDALE FL 33009
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SCHREIBER, DARRYL S ESQ
5600 SHERIDAN ST
HOLLYWOOD FL 33021

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: Required Agent signature required for each change) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [ ] Change [ ] Addition
TITLE	DP	11 TITLE
NAME	MAHMUD, SHAHEEN	12 NAME
STREET ADDRESS	30 SW 8TH AVE	13 STREET ADDRESS
CITY-ST-ZIP	HALLANDALE FL	14 CITY ST ZIP [ ] Change [ ] Addition
TITLE	DV	21 TITLE
NAME	HASAN, MOHAMMAD	22 NAME
STREET ADDRESS	2190 SW 80TH TERRACE	23 STREET ADDRESS
CITY ST ZIP	MIRAMAR FL	24 CITY ST ZIP [ ] Change [ ] Addition
TITLE	SDT	31 TITLE
NAME	MURSHED, ISLAM	32 NAME
STREET ADDRESS	6531 HAYES STREET	33 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP [ ] Change [ ] Addition
TITLE	VP	41 TITLE
NAME	FARUK, AHMED	42 NAME
STREET ADDRESS	940 NE 170 STREET, APARTMENT 210	43 STREET ADDRESS
CITY-ST-ZIP	NORTH MIAMI BEACH FL	44 CITY ST ZIP [ ] Change [ ] Addition
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP [ ] Change [ ] Addition
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY ST ZIP

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***200.00

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)(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: Murshed Islam MURSHED ISLAM 4-18-96 454-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

4/25/96

0113708 CP