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May 05 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 # F93000003324 (1)

1. Corporation Name
DESJARDINS FSB HOLDINGS, INC.



Principal Place of Business
1001 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address
1001 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009-4429

3. Date Incorporated or Qualified 07/20/1993	3a. Date of Last Report 07/31/1996
4. FEI Number 65-0416808	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 checked="" 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 Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PCD	<input type="checkbox"/> DELETE
NAME	BELAND, CLAUDE	
STREET ADDRESS	100 DES COMMANDEURS AVE.	
CITY-ST-ZIP	LEVIS, QUEBEC, CANADA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PROTEAU, JOCELYN	
STREET ADDRESS	1 COMPLEXE DESJARDINS, 39TH FLOOR	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARON, YVAN	
STREET ADDRESS	85 DES COMMANDEURS AVE.	
CITY-ST-ZIP	LEVIS, QUEBEC, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OUELLET, ALBERT	
STREET ADDRESS	1845 KING STREET WEST	
CITY-ST-ZIP	SHERBROOKE QU	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANGELIER, JEAN-GUY	
STREET ADDRESS	1 COMPLEXE DESJARDINS	
CITY-ST-ZIP	MONREAL QUE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YVES, LAVOIE	
STREET ADDRESS	681 ST-GERMAIN BLVD. W.	
CITY-ST-ZIP	RIMOUSKI, QUE. CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: _____ (514) 281-7036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JEAN-GUY LANGELIER

CR2E034 (9/96)