

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003324 (1)**  
1. Corporation Name  
**DESJARDINS FSB HOLDINGS, INC.**



Principal Place of Business <b>1001 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009</b>	Mailing Address <b>1001 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/20/1993</b>	
21 Suite, Apt. #, etc.	22 City & State	24 Zip	25 Country	4. FEI Number <b>65-0416808</b>	Applied For <input type="checkbox"/> Not Applicable
26 Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PCD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BELAND, CLAUDE</b>	1.2 NAME	<b>BOUCHER, Renald</b>
STREET ADDRESS	<b>100 DES COMMANDEURS AVE.</b>	1.3 STREET ADDRESS	<b>100 DES COMMANDEURS AVE.</b>
CITY-ST-ZIP	<b>LEVIS, QUEBEC, CANADA</b>	1.4 CITY-ST-ZIP	<b>LEVIS, QUEBEC, CANADA</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PROTEAU, JOCELYN</b>	2.2 NAME	<b>MORIN, BRUNO</b>
STREET ADDRESS	<b>1 COMPLEXE DESJARDINS, 39TH FLOOR</b>	2.3 STREET ADDRESS	<b>1 COMPLEXE DESJARDINS, 39TH Floor</b>
CITY-ST-ZIP	<b>MONTREAL, QUEBEC, CANADA</b>	2.4 CITY-ST-ZIP	<b>MONTREAL, QUEBEC, CANADA</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARON, YVAN</b>	3.2 NAME	<b>ROBIN, REGIS</b>
STREET ADDRESS	<b>95 DES COMMANDEURS AVE.</b>	3.3 STREET ADDRESS	<b>2000 DES RICOLLETS BLVD, P.O. Box 1000</b>
CITY-ST-ZIP	<b>LEVIS, QUEBEC, CANADA</b>	3.4 CITY-ST-ZIP	<b>TROIS-RIVIERES, QUEBEC, CANADA</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OUELLET, ALBERT</b>	4.2 NAME	<b>ROBITAILLE, Pierre</b>
STREET ADDRESS	<b>1845 KING STREET WEST</b>	4.3 STREET ADDRESS	<b>100 DES COMMANDEURS AVE.</b>
CITY-ST-ZIP	<b>SHERBROOKE QU</b>	4.4 CITY-ST-ZIP	<b>LEVIS, QUEBEC, CANADA</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>LANGELIER, JEAN-GUY</b>	5.2 NAME	
STREET ADDRESS	<b>1 COMPLEXE DESJARDINS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONREAL QUE CA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>YVES, LAVOIE</b>	6.2 NAME	
STREET ADDRESS	<b>681 ST-GERMAIN BLVD. W.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIMOUSKI, QUE. CA</b>	6.4 CITY-ST-ZIP	

14. I 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.

CF2E034 (10/97)