


03141999-90010-012-\$150.00-\$150.00

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90010 012 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003324

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1993	
4. FEI Number 65-0416908	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 owes the current year intangible Personal Property Tax.	<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

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
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1606, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PCD	
NAME	BOUCHER, RENALD	
STREET ADDRESS	100 DES COMMANDEURS AVE.	
CITY-ST-ZIP	LEVIS, QUEBEC, CANADA	
TITLE	SD	
NAME	MORIN, BRUNO	
STREET ADDRESS	1 COMPLEXE DESJARDINS, 39TH FLOOR	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	
TITLE	D	
NAME	ROBIN, REGIS	
STREET ADDRESS	2000 DES RECOLLETS BLVC, P. O. BOX 1000	
CITY-ST-ZIP	TROIS-RIVIERES QU CANAD	
TITLE	VP	
NAME	ROBITAILLE, PIERRE	
STREET ADDRESS	100 DES COMMANDEURS AVE	
CITY-ST-ZIP	LEVIS QU CANAD	
TITLE	I	
NAME	LANGELIER, JEAN-GUY	
STREET ADDRESS	1 COMPLEXE DESJARDINS	
CITY-ST-ZIP	MONREAL QUE CA	
TITLE	D	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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)(f), 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 any attachment with an address, with all other files approved.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 (954) 749-8802  
Date

CRE034 (1/88)