

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90014 013 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000046846**

1. Corporation Name  
**DESJARDINS DESIGN GROUP, INC.**

Principal Place of Business  
10175 COLLINS AVE., #704  
BAL HAROR FL 33154

Mailing Address  
10175 COLLINS AVE., #704  
BAL HAROR FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1111 Kane Concourse</b> Suite, Apt. #, etc. 22 <b>Suite 305</b> City & State 23 <b>Bay Harbor Islands, FL</b> Zip 24 <b>33154</b>		2a. Mailing Address 26 <b>c/o 2699 Stirling Road</b> Suite, Apt. #, etc. 27 <b>Suite C-307</b> City & State 28 <b>Ft. Lauderdale, FL</b> Zip 29 <b>33312</b>		3. Date Incorporated or Qualified <b>06/16/1995</b>	
9. Name and Address of Current Registered Agent <b>BLEIER, HENRY CPA</b> <b>2699 STIRLING ROAD</b> <b>SUITE C-307</b> <b>FORT LAUDERDALE FL 33312</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			
4. FEI Number <b>65-0600403</b> Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESJARDINS, BERNARD E	1.2 NAME	
STREET ADDRESS	5700 COLLINS AVE APT 0L	1.3 STREET ADDRESS	<b>1111 Kane Concourse, Suite 305</b>
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	<b>Bay Harbor Islands, FL 33154</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

**SIGNATURE OF DESJARDINS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05.07.99 305 861-9922**

Date

Daytime Phone #

CR2E034 (1/1/98)