FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **696054** **(6)**

1. Corporation Name

SHAKTI YOGA, INC.

Principal Place of Business

4555 PONCE DE LEON BLVD.
CORAL GABLES FL 33146
US

Mailing Address

4555 PONCE DE LEON BLVD.
CORAL GABLES FL 33146
US

3. Date Incorporated or Qualified: **07/24/1981**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2111703** [ ] Applied For [ ] Not Applicable

5. Certified or Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation is subject to intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ County 25 _____

2a. Mailing Address
26 _____
Suite, Apt. #, etc.
27 _____
City & State
28 _____
Zip 29 _____ Country 30 _____

9. Name and Address of Current Registered Agent

GOVANTES, LUIS G.
2439 N.W. 7 ST.
SUITE 2
MIAMI FL 33125

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 Section 607.1500, Florida Statutes, the above name for 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	BASURTO, OSCAR	
STREET ADDRESS	4555 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	[ ] DELETE
NAME	MARIN, MARLENE	
STREET ADDRESS	4555 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	[ ] DELETE
NAME	PANDO, SUSANA	
STREET ADDRESS	4555 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [ ] Change [ ] Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE [ ] Change [ ] Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE [ ] Change [ ] Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE [ ] Change [ ] Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE [ ] Change [ ] Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE [ ] Change [ ] Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this Profit Corporation 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: SUSANA PANDO Susana Pando 2/22/96 665-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR