**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000002234 (9)**

1. Corporation Name

**SHANTI PUBLISHING INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 280 S.W. 12TH AVENUE<br>DEERFIELD BEACH FL 33442 | 280 S.W. 12TH AVENUE<br>DEERFIELD BEACH FL 33442 |

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report:

| | |
|---|---|
| 21 2. Principal Place of Business | 3460 PINEWALK DRIVE N |
| 22 Suite, Apt. #, etc. | SUITE 322 |
| 23 City & State | MARGATE, FLORIDA |
| 24 Zip / 25 Country | 33063 / USA |
| 26 2a. Mailing Address | 3460 PINEWALK DRIVE N |
| 27 Suite, Apt. #, etc. | SUITE 322 |
| 28 City & State | MARGATE, FLORIDA |
| 29 Zip / 30 Country | 33063 / USA |

4. FEI Number: 65-0588912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

CARIGNAN, PIERRE A
280 S.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

**10. Name and Address of New Registered Agent**

81 Name: CARIGNAN, PIERRE A.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3460 PINEWALK DRIVE N, SUITE 322
84 City: MARGATE, FL 85 Zip Code: 33063

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 _____ DATE
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when name changed)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | LABONTE, MARIE L | | 12 NAME | |
| STREET ADDRESS | C.P. 6 KNOWLTON | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | QC, CON, JOE IRO | | 14 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ETHIER, ROBERT | | 22 NAME | |
| STREET ADDRESS | C.P. 6 KNOWLTON | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | QC, CON, JOE IRO | | 24 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | POMERLEAU, SARAH D | | 32 NAME | |
| STREET ADDRESS | 635 GERVAIS STE-DOROTHEE | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | LAVAL, QC, CON H7X2Y2 | | 34 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 41 TITLE | VICE PRESIDENT, COO, CFO ☑ Change ☐ Addition |
| NAME | CARIGNAN, PIERRE A | | 42 NAME | CARIGNAN, PIERRE A. |
| STREET ADDRESS | 280 S.W. 12TH AVENUE | | 43 STREET ADDRESS | 280 S.W. 12TH AVENUE |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | | 44 CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ PIERRE A. CARIGNAN 8/5/96 (954) 758-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number