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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3480 PINEWALK DRIVE N
SUITE 322
MARGATE FL 33063
US

Mailing Address

3480 PINEWALK DRIVE N
SUITE 322
MARGATE FL 33063-7805
US

3. Date Incorporated or Qualified
01/09/1995

3a. Date of Last Report
08/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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
3480 PINEWALK DRIVE N SUITE 322
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name CARIGNAN, PIERRE A.
82 Street Address (P.O. Box Number is Not Acceptable)
3480 PINEWALK DRIVE N.
83 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

PIERRE A. CARIGNAN

4/15/97

Signature of (or for) registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	LABONTE, MARIE L	C.P. 6 KNOWLTON	QC, CON, JOE IRO	<input type="checkbox"/>
D	ETHIER, ROBERT	C.P. 6 KNOWLTON	QC, CON, JOE IRO	<input type="checkbox"/>
D	POMERLEAU, SARAH D	635 GERVAIS STE-DOROTHEE	LAVAL, QC, CON H7X2Y2	<input checked="" type="checkbox"/>
VPC	CARIGNAN, PIERRE A	280 SW 12TH AVE	DEERFIELD BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT - SECRETARY				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT COO & CFO				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (954) 753-4048

Daytime Phone #

CR2E034 (9/96)