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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:23

DOCUMENT # **630120** **(4)**

1. Corporation Name
LAUREATE IMPORTS COMPANY

Principal Place of Business	Mailing Address
2850 KELLOGG CRK RD ACWORTH GA 30101 US	P.O. BOX 2127 WOODSTOCK GA 30188

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1979	3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1918862	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 SAME	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 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	11 TITLE	☒ Change ☐ Addition
NAME	PENGOV, MATEVZ	12 NAME	
STREET ADDRESS	2850 KELLOGG CREEK ROAD	13 STREET ADDRESS	61000 Ljublijana
CITY-ST-ZIP	ACWORTH GA	14 CITY-ST-ZIP	Frankopanska II, Slovenia
TITLE	VS	21 TITLE	☒ Change ☐ Addition
NAME	FUGINA, LIJANA	22 NAME	Secretary
STREET ADDRESS	2850 KELLOGG CREEK ROAD	23 STREET ADDRESS	61000 Ljublijana
CITY-ST-ZIP	ACWORTH GA	24 CITY-ST-ZIP	Frankopanska II, Slovenia
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MOTTI, BILLY L.	32 NAME	
STREET ADDRESS	2850 KELLOGG CREEK ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ACWORTH GA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	PITTMAN, PAMELA J.	42 NAME	
STREET ADDRESS	2903 ASPEN WOODS ENTRY	43 STREET ADDRESS	1872 Lakestone Way
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	Marietta, Georgia 30066
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela J. Pittman 3/31/95 404/917-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300067 FP