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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 630120

(4)

1. Corporation Name

LAUREATE IMPORTS COMPANY

Principal Place of Business

2850 KELLOGG CRK RD
ACWORTH GA 30101
US

Mailing Address

P.O. BOX 2127
WOODSTOCK GA 30188-1374

3. Date Incorporated or Qualified
07/19/1979

3a. Date of Last Report
08/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PENGOV, MATEVZ	
STREET ADDRESS	61000 LJUBLJANA	
CITY-STATE-ZIP	FRANKOPANSKA II SL	
TITLE	VS	☐ DELETE
NAME	FUGINA, LJANA	
STREET ADDRESS	61000 LJUBLJANA	
CITY-STATE-ZIP	FRANKOPANSKA II SL	
TITLE	T	☒ DELETE
NAME	PITTMAN, PAMELA J.	
STREET ADDRESS	1872 LAKESTONE WAY	
CITY-STATE-ZIP	MARIETTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	VP
4.3 STREET ADDRESS	John Schermerhorn,
4.4 CITY-STATE-ZIP	10335 Old Princess Anne Rd.
	Princess, Anne MD 21853
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	T
5.3 STREET ADDRESS	Nelda Adams
5.4 CITY-STATE-ZIP	212 Little Brook Lane
	Woodstock, GA 30188
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

Nelda M. Adams Nelda M. Adams

03/15/97 770-917-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013199

CR2E034 (9/96)