

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **630120** (4)

1. Corporation Name
LAUREATE IMPORTS COMPANY

95 MAR 28 PM 2: 23

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**

2. Principal Place of Business 2b. Mailing Address
21 **SAME** 26

4. FEI Number **59-1918862**
Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State 28 City & State

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

24 Zip Country 25 Country 29 Zip Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, typed or printed name of registered agent and title (see 607.0505)

(NOTE: Registered Agent registration required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PENGOV, MATEVZ
STREET ADDRESS	2850 KELLOGG CREEK ROAD
CITY, ST, ZIP	ACWORTH GA
TITLE	VS
NAME	FUGINA, LJANA
STREET ADDRESS	2850 KELLOGG CREEK ROAD
CITY, ST, ZIP	ACWORTH GA
TITLE	V
NAME	MOTTI, BILLY L.
STREET ADDRESS	2850 KELLOGG CREEK ROAD
CITY, ST, ZIP	ACWORTH GA
TITLE	T
NAME	PITTMAN, PAMELA J.
STREET ADDRESS	2903 ASPEN WOODS ENTRY
CITY, ST, ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	61000 Ljublijana
14 CITY, ST, ZIP	Frankopanska II, Slovenia
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Secretary
23 STREET ADDRESS	61000 Ljubljana
24 CITY, ST, ZIP	Frankopanska II, Slovenia
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	1872 Lakestone Way
44 CITY, ST, ZIP	Marietta, Georgia 30066
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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. I am an officer or director of the corporation or the executor 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 of this report, or on any attachment with an address.

SIGNATURE: *Pamela J. Pittman* **PAMELA J. PITTMAN** 3/21/95 404/917-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)