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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

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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

3. Date Incorporated or Qualified: 07/19/1979
3a. Date of Last Report: 08/23/1996
4. FEI Number: 59-1918862
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
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
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENGOV, MATEVZ	1.2 NAME	
STREET ADDRESS	61000 LJUBLJANA	1.3 STREET ADDRESS	
CITY, ST, ZIP	FRANKOPANSKA II SL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGINA, LJANA	2.2 NAME	
STREET ADDRESS	61000 LJUBLJANA	2.3 STREET ADDRESS	
CITY, ST, ZIP	FRANKOPANSKA II SL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, PAMELA J.	3.2 NAME	
STREET ADDRESS	1872 LAKESTONE WAY	3.3 STREET ADDRESS	
CITY, ST, ZIP	MERIETTA GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP John Schermerhorn,
STREET ADDRESS		4.3 STREET ADDRESS	10335 Old Princess Anne Rd.
CITY, ST, ZIP		4.4 CITY-ST-ZIP	Princess, Anne M.D 21853
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T Nelda Adams
STREET ADDRESS		5.3 STREET ADDRESS	212 Little Brook Lane
CITY, ST, ZIP		5.4 CITY-ST-ZIP	Woodstock, GA 30188
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-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 Date: 03/15/97 770-917-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)