

F 960000004396

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: WRAPCO PACKAGING TECHNOLOGY INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

STEVEN LEVY
(Name of Person)

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*****70.00 *****70.00

WRAPCO PACKAGING TECHNOLOGY INC.
(Firm/Company)

15485 EAGLE NEST LANE , SUITE 11A
(Address)

MIAMI LAKES, FL 33014
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Should you need to call someone concerning this matter, please call:

STEVEN LEVY at (305) 231-0330
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. WRAPCO PACKAGING TECHNOLOGY, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. MARYLAND 3. 65-0676042
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. JUNE 24, 1996 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JULY 1, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 15485 EAGLE NEST LANE, SUITE 110
MIAMI LAKES, FLORIDA 33014
(Current mailing address)

8. OFFICE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)

Name: STEVEN LEVY

Office Address: 15485 EAGLE NEST LANE, SUITE 110

MIAMI LAKES, Florida, 33014
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Steve Levy
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. **DIRECTORS** (Street address only- P. O. Box **NOT** acceptable)

Chairman: ANDREAS JACOBSON

Address: 763 41st ST. SUITE A

MIAMI BEACH FL 33140

Vice Chairman: AKIVA RICHBERG

Address: 5030 PINE TREE DR

MIAMI BEACH FL 33140

Director: GORAN J. OLSSON

Address: 763 41st ST. SUITE A

MIAMI BEACH FL 33140

Director: _____

Address: _____

B. **OFFICERS** (Street address only- P. O. Box **NOT** acceptable)

President: ANDREAS JACOBSON

Address: 763 41st STREET, SUITE A

MIAMI BEACH FL 33140

Vice President: _____

Address: _____

Secretary: GORAN J. OLSSON

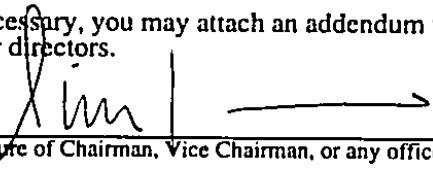
Address: 763 41st STREET, SUITE A

MIAMI BEACH FL 33140

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GORAN J. OLSSON
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF MARYLAND

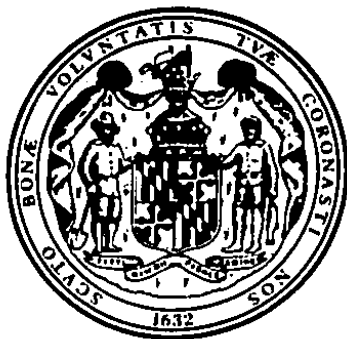
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STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, BRENDA A. WALKER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT WRAPCO PACKAGING TECHNOLOGY, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.



AT5-031

IN WITNESS WHEREOF, I HAVE HERETO SET
MY HAND AND AFFIXED THE SEAL OF THE STATE
DEPARTMENT OF ASSESSMENTS AND TAXATION OF
MARYLAND AT BALTIMORE THIS 24TH DAY OF
JULY, 1996.

BRENDA A. WALKER
ADMIN SPECIALIST II

FILED
96 AUG 26 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA