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FILED

Jan 14 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 # F96000004396 (5)

1. Corporation Name
WRAPCO PACKAGING TECHNOLOGY, INC.

Principal Place of Business
15485 EAGLE NEST LANE #110
MIAMI LAKES FL 33014

Mailing Address
15485 EAGLE NEST LANE #110
MIAMI LAKES FL 33014-2221



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/26/1996

3a. Date of Last Report

4. FEI Number

65-0676042

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

9. Name and Address of Current Registered Agent

LEVY, STEVEN
15485 EAGLE NEST LANE #110
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

OLSSON GORAN

82 Street Address (P.O. Box Number is Not Acceptable)

15485 EAGLE NEST LANE, SUITE 110

83

84 City

MIAMI LAKES

FL

85 Zip Code

33014

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 the appointing officer

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	JACOBS, ANDREAS	763 41ST ST., #A	MIAMI BEACH FL 33140	<input type="checkbox"/>
SD	OLSSON, GORANAS J	763 41ST ST., #A	MIAMI BEACH FL 33140	<input type="checkbox"/>
DC	BUCHBERG, AKIVA-	5030 PINE TREE DR.	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	JACOBS, ANDREAS	15485 EAGLE NEST LANE #110	MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	OLSSON GORAN	15485 EAGLE NEST LANE, #110	MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

GORAN OLSSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

305-231-0330
Daytime Phone #

0121241

CR2E034 (9/96)