

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 DEC 26 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/12



LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ATLAS PAPER MILLS, LTD.	1a. DOCUMENT # A32263
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2. Mailing Address 3725 EAST 10TH COURT HIALEAH FL 33013	2a. Principal Office Address 3725 EAST 10TH COURT HIALEAH FL 33013
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 11/25/1991	5a. Capital Contributions as Shown on record \$4,950,000.00
3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 65-0298511	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ANANIA, FRANCIS A., ESQ. SUITE 3300 INTERNATIONAL PLACE 100 SOUTHEAST SECOND STREET MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
APM FINANCIAL CORP.	%3725 E. 10TH COURT	HIALEAH FL	P36415

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12-23-96

Typed or Printed Name of General Partner Signing Form Amberto Costanzini, President APM Fin Corp. Daytime Telephone Number 305/835-8046

CR2E003 (6/96)