

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 JAN 12 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership ATLAS PAPER MILLS, LTD.	1a. DOCUMENT # A32263 <i>AR CM</i>
--	--



Mailing Address 3725 EAST 10TH COURT HIALEAH FL 33013	Principal Office Address 3725 EAST 10TH COURT HIALEAH FL 33013
2. Mailing Address	2a. Principal Office Address
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 12/26/1996	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number 65-0298511 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 FL Zip Code
--

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) APM FINANCIAL CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) %3725 E. 10TH COURT	11b. City, State & Zip Code HIALEAH FL	11c. Registration/Document Number P36415
300002409509--4 -01/22/98--01121--021 *****541.25 *****541.25			

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 1-8-98

Typed or Printed Name of General Partner Signing Form Umberto Bastanzoni, President Daytime Telephone Number 305/831-8046

CR2E003 (6/97)