

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership Atlas Paper Recycling, Ltd.	1a. DOCUMENT # A96000001648
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Mailing Address	Principal Office Address	3. Date Formed or Registered September 3, 1996	5a. Capital Contributions as Shown on record \$200,000.00
		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$200,000.00
2. Mailing Address 3725 East 10th Court Suite, Apt. #, etc. Hialeah, Florida City & State 33013 U.S.A. Zip Country	2a. Principal Office Address 3725 East 10th Court Suite, Apt. #, etc. Hialeah, Florida City & State 33013 U.S.A. Zip Country	4. State or Country of Formation Florida	
		6. FEI Number 65-0644674	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" 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 Francis A. Anania, Esq. Anania, Bandklayder & Blackwell 100 S.E. Second Street, Suite 3300 Miami, Florida 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number if Not Applicable) Suite, Apt. #, etc. City
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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) APR Financial Corp., a Florida corporation	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3725 East 10th Court	11b. City, State & Zip Code Hialeah, Florida 33013	11c. Registration/ Document Number P96000011140
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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 *Luis A. Zeigenhirt* DATE *12/16/96*

Typed or Printed Name of General Partner Signing Form **APR Financial Corp. by** Daytime Telephone Number **(305) 835-2205**
Luis A. Zeigenhirt, President

CR2E003 (6/96)