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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

FII FD

1998 Secretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPORATIONS				
1. Name of Limited Partnership	1a. DOCUM <b>A9600001</b>	1ENT # 648	98 JAN 12 AM 10: 58			
ATLAS PAPER RECYC	LING, LTD.					
Mailing Address 3725 EAST 10TH COURT HIALEAH FL 33013	Principal Office Address 3725 EAST 10TH COURT HIALEAH FL 33013		3. Date Formed or Registered  09/03/1996  3a. Date of Last Report  01/06/1997  4. State or Country of Formation		5a. Capital Contributions as Shown on record.  \$200,000.00  5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0644674	<u> </u>	Applied For	7
City & State	City & State		7. Certificate of Status Desired		Not Applicable \$8.75 Additional	$\dashv$
Zip Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)			
ANANIA, FRANCIS A ESQ. ONE INTERNATIONAL PLACE, S 100 S.E. SECOND STREET MIAMI FL 33131  10a. Pursuant to the provisions of section for the purpose of changing its register. I am femiliar with, and accepting A	ns 620,1051 and 620,192, Florida Statules, the above-nam istered office or registered agent, or both, in the State of Fl of the obligations of section 620,192, Florida Statules.	Suite, Apt. #, etc.  City  Ded limited partnership or orida. Such change was a such	DATE THERSHIP OR OTHE ITH THIS OFFICE.	FL he State of Floric reby accept the	IESS ENTITY  Registration/	
APR FINANCIAL CORP.			HIALEAH FL 33013		Bocoment Number	
Note: General partners I	MAY NOT be changed on this form	m; an amendm	日の日日2- -01/23 *****5- ent must be filed to ch on stated in Section 119.07(3)(k). Florida	4 1 0 5 7 33 01 7 41 . 25 **  ange a ge	133 1 119015 ****541.25 *neral partner.	CR2E003 (6/9
this annual report is true and accurate	compliance with Section 119.07(3)(k) in the event that the is and that my signature shall have the same least effects a required by chapter 620 horida Statutes.					

Prosident DATE 12-31-97

LUIS ZIEGENIHIRT Daytime Telephone Number 305 8352205