PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # P36415**

1. Corporation Name

APM FINANCIAL CORP.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90228 028 \*\*\*158.75



							_			
Principal Place	of Business	Mailing Ad								
C/O ATLAS PAPER MILLS/ATN: R.P. BASTANZURI C/O ATLAS PAPER MILLS/ATN					. BA	STANZURI				
3725 EAST 10T		3725 EAST 10TH COURT					DO NOT WRITE IN THIS CRACE			
HIALEAH FL 33	013	HIALEAH FL 33013					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 11/25/1991			
	104 BB 14 BB 14 BB 16 BB		1 a 14-32- a 14				<u> </u>	T .		1
2. Principal Pl	ace of Business	<del></del>	2a. Mailing Address				4. FEI Number 65-0295896	$\rightarrow$	pplied For	ł
21		26							ot Applicable	ł
Suite, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.				5. Gertificate of Status Desired X		Additional	
22		27								
City & State	•	City & State						-	May Be to Fees	
23	Carrindon .	28 7in	Zip Country				Trust Fund Contribution		IO FOOS	İ
Zip	Country	<u>├</u>		odinay		This corporation owes the current year Intangible     Personal Property Tax.     Yes No				
24	9. Name and Address of Curren	29		30	_		10. Name and Address of New Registered Age			İ
	9. Name and Address of Curren	t Registered A	Agur		81	Name	10. Harrie and Floarious of New York States			١
ANA	NIA, FRANCIS A ESQUIRE						<u></u>			
	NIA, BANDKLAYDER & BLACKWI	ELL, P.A.	LL. P.A.			Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
	E 3300; 100 S.E. SECOND ST.				83		<del>_</del>			1
	Al FL 33131									
					84	City	FL <sup>8</sup>	5 Zip	Code	}
		1 007 4500	El di Orti		<u> </u>		·	naina it	e registered	ł
office or re	enistered agent, or both, in the State (	of Florida. Such	i change was a	uthorized	l bv i	tne corporatio	oration submits this statement for the purpose of chan's board of directors. I hereby accept the appointment	ent as r	egistered	
agent. I ar	m familiar with, and accept the obligat	ions of, Section	n 607.0505, Flo	rida Stat	utes.					
SIGNATURE							when reinstating) DATE			١.
	Signature, typed or printed name of registered agen OFFICERS AN			: Registered	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	8
12.	D OFFICERS AN	D DIRECTORS	DELETE	1.1 TI		1		Change		1
1	BASTANZURI, REMBERTO		_ OCCCIT	1.2 N/			<del>-</del>	·	_	
NAME	3725 E 10TH COURT					ADDDEED				5
STREET ADDRESS	HIALEAH FL					ADDRESS				1
CITY-ST-ZIP	VTD		☐ DELETE	2.1 TI	TY-57	-ZP		Change	Addition	6
TITLE	MARTINEZ, HENRY		DECENT	2.1 N			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
NAME	3725 E 10TH COURT					***************************************				١.
STREET ADDRESS	HIALEAH FL		(. <b></b> .	1		ADDRESS				ļ
CITY-ST-ZIP	VSD VSD		[] DELETE	2. 4 C	ПY-S	1-ZIP		Change	Addition	1
TITLE	MASTRAPA, RUBEN		L DELLIE	3.1 N			\	,		
NAME	3725 E 10TH CT					ADDRESS				ĺ
STREET ADDRESS	HIALEAH FL					ADDRESS				
CITY-ST-ZIP	( INCLEASE )		☐ DELETE	3.4. C	ΠΕ. [17Y-8]	1- ZIP		Change	e Addition	1
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NAME	·			4. 2 N		4000000				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			☐ DELETÉ		1Y-S1	- <u>U</u> P		Change	☐ Addition	ł
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NAME						ADDRESS				-
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TITLE			☐ DELETE	6.2 N		1	L	- Singlings		1
NAME	•					ADDRESS				
STREET ADDRESS	•			6.3 \$	IKEET	ADDRESS				ĺ

14. I 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 of virustee 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, with all other like empowered.

SIGNATURE

CHATURE AND TYPED ON PRINTED NAME OF SECUNDS OFFICER OR DIRECTOR

CHATURE AND TYPED OR PRINTED NAME OF SECUNDS OFFICER OR DIRECTOR