


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S12279
 1. Entity Name
PIONEER INTERNATIONAL (MIAMI), INC.



Principal Place of Business 5200 BLUE LAGOON DR STE 850 MIAMI, FL 33126 US	Mailing Address 5200 BLUE LAGOON DR STE 850 MIAMI, FL 33126 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0226120	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 VALEDES-FAULI CORPORATE SERVICES INC
 TWO SOUTH BISCAYNE BLVD, STE 3400
 ONE BISCAYNE TOWER
 MIAMI, FL 33131-1897

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000126009
 04/23/04-80017-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAKEUCHI, TATSUO 5200 BLUE LAGOON DR STE 850 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TANAMOTO, KAZUYOSHI 5200 BLUE LAGOON DR. STE. 850 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWAMURA, MASAHIRO 5200 BLUE LAGOON DR. STE 850 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kazuyoshi Tanamoto* 4/19/04 305 361-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #