


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # S12279</b>		<b>AMENDED</b>		
1. Entity Name <b>PIONEER INTERNATIONAL (MIAMI), INC.</b>				
Principal Place of Business <b>5200 BLUE LAGOON DR STE 850 MIAMI, FL 33126 US</b>		Mailing Address <b>5200 BLUE LAGOON DR STE 850 MIAMI, FL 33126 US</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

**FILED**  
04 OCT 18 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




07302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0226120</b>				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>VALEDES-FAULI CORPORATE SERVICES INC TWO SOUTH BISCAYNE BLVD, STE 3400 ONE BISCAYNE TOWER MIAMI, FL 33131-1897</b>			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	Zip Code

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 \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAKEUCHI, TATSUO</b> <b>5200 BLUE LAGOON DR STE 850</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400041939554</b> <b>10/18/04--01070--013</b> **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>TANAMOTO, KAZUYOSHI</b> <b>5200 BLUE LAGOON DR. STE. 850</b> <b>MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>Nomiya, Kazuhiro</b> <b>5200 Blue Lagoon Drive, Ste. 850</b> <b>Miami, Florida 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAWAMURA, MASAHIRO</b> <b>5200 BLUE LAGOON DR. STE 850</b> <b>MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Asahina, Susumu</b> <b>5200 Blue Lagoon Drive, Ste. 850</b> <b>Miami, Florida 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:**  **KAZUHIRO NOMIYA** 10/7/04 305-261-4966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #