

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S12279 (3)**

1. Corporation Name  
**PIONEER INTERNATIONAL (MIAMI), INC.**



Principal Place of Business: **7875 NW 12 ST STE 203 MIAMI FL 33126**  
Mailing Address: **7875 NW 12 ST STE 203 MIAMI FL 33126**

3. Date Incorporated or Qualified: **11/08/1990**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **65-0226120** (Applied For) / **NOT APPLICABLE** (Not Applicable)  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 5201 BLUE LAGOON DR. 22 SUITE 560 23 MIAMI, FL 24 33126 25 USA**  
2a. Mailing Address: **26 5201 BLUE LAGOON DR. 27 SUITE 560 28 MIAMI, FL 29 33126 30 USA**

9. Name and Address of Current Registered Agent: **PENINSULA REGISTERED AGENTS INC 200 SE FIRST ST PENTHOUSE MIAMI FL 33131**  
10. Name and Address of New Registered Agent: **81 Name: PENINSULA REGISTERED AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BOULEVARD, SUITE 4800 83 84 City: MIAMI, FL 85 Zip Code: 33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <b>HIRAYAMA, SACHYUKI</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	(D) <b>HARUHIKO MATSUBARA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>% 1-4-28 MITA MINATO-KU</b>	1.2 NAME	<b>5201 BLUE LAGOON DRIVE #560</b>
STREET ADDRESS	<b>TOKYO, JAPAN</b>	1.3 STREET ADDRESS	<b>MIAMI, FLORIDA 33126</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <b>FUJISHIGE, SACHYUKI</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	(P) <b>KOJI OKUMURA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1-4-28 MITA, MINAOTO-KU</b>	2.2 NAME	<b>5201 BLUE LAGOON DRIVE #560</b>
STREET ADDRESS	<b>TOKYO, JAPAN</b>	2.3 STREET ADDRESS	<b>MIAMI, FLORIDA 33126</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P <b>MATSUBARA, HARUHIKO</b> <input type="checkbox"/> DELETE	3.1 TITLE	(D) <b>SHIGEHISA OKAMURA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>7875 NW 12 ST #203</b>	3.2 NAME	<b>1-4-28 MITA MINATO-KU</b>
STREET ADDRESS	<b>MIAMI FL</b>	3.3 STREET ADDRESS	<b>TOKYO, JAPAN</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 or trustee 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.

SIGNATURE: **ROJI OKUMURA** APRIL 16th, 1996 (305)2614966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)