

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90992 010 \*\*\*150.00

**DOCUMENT # S12279**

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

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DRIVE 560 MIAMI FL 33126 US	5201 BLUE LAGOON DRIVE 560 MIAMI FL 33126-2075 US

2. Principal Place of Business	3. Mailing Address
5200 Blue Lagoon Drive Suite, Apt. #, etc. Suite 850 City & State Miami, Florida	5200 Blue Lagoon Drive Suite, Apt. #, etc. Suite 850 City & State Miami, Florida

Zip	Country	Zip	Country
33126	USA	33126	USA

4. FEI Number **65-0226120** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALEDES-FAULI CORPORATE SERVICES INC  
 TWO SOUTH BISCAYNE BLVD, STE 3400  
 ONE BISCAYNE TOWER  
 MIAMI FL 33131-1897**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>OKUMURA, KOJI</b> <b>5201 BLUE LAGOON DRIVE, SUITE 560</b> <b>MIAMI FL 33126</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>P/S/T</b> <b>Okumura, Koji</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>KUWABARA, YOJIRO</b> <b>1429 MITA MINATO-KU</b> <b>TOKYO JA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D/C/COO</b> <b>Kuwabara, Yojiro</b> <b>5200 Blue Lagoon Drive, Ste 850</b> <b>Miami, Florida 33126</b>
			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>Nuka, Nasaharu</b> <b>5201 Blue Lagoon Drive, Suite 560</b> <b>Miami, Florida 33126</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>Inada, Hiroshi</b> <b>5201 Blue Lagoon Drive, Suite 560</b> <b>Miami, Florida 33126</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>Ishikawa, Yoshihiko</b> <b>5200 Blue Lagoon Drive, Suite 850</b> <b>Miami, Florida 33126</b>
			<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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **YOJIRO KUWABARA** April 20, 2000 305-261-4966  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)