

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 # **188569** (8)

1. Corporation Name
PIONEER METALS INC.



Principal Place of Business: **3611 NW 74TH ST MIAMI FL 33147**
Mailing Address: **3611 NW 74TH ST MIAMI FL 33147**

3. Date Incorporated or Qualified: **10/24/1955**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-0773846**
Applied For: 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 Subd., Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Subd., Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**HEGAMYER, WILLIAM H
511 N. MASHTA DRIVE
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

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

Signature of officer or principal officer of registered agent and their applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	HEGAMYER, W H	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEGAMYER, L K	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBINSON, CHARLES V	
STREET ADDRESS	1550 NE 123 ST, N-307	
CITY - ST - ZIP	N MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEGAMYER, K L	
STREET ADDRESS	261 GREENWOOD DR	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTY, D C	
STREET ADDRESS	7850 SW 67 TERRACE	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HINCKLEY, H D	
STREET ADDRESS	6065 ROLLING RD DR.	
CITY - ST - ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	7845 SW 67th Terrace
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Kathy Hegamyer* Kathy Hegamyer 1/25/96 305-696-0830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)