

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



**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 Mailing Address
3611 NW 74TH ST 3611 NW 74TH ST
MIAMI FL 33147 MIAMI FL 33147-5827**

3. Date Incorporated or Qualified 10/24/1955
3a. Date of Last Report 02/28/1996
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 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **24** Country **25** **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
**HEGAMYER, WILLIAM H
511 N. MASHTA DRIVE
KEY BISCAIYNE 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 typed or printed name of registered agent and title if 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 BISCAIYNE FL 33149	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEGAMYER, L K	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY - ST - ZIP	KEY BISCAIYNE 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	281 GREENWOOD DR	
CITY - ST - ZIP	KEY BISCAIYNE FL 33149	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTY, D C	
STREET ADDRESS	7845 SW 67TH TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HINCKLEY, H D	
STREET ADDRESS	6065 ROLLING RD DR.	
CITY - ST - ZIP	MIAMI FL 33158	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33143
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 **1/15/97** **305-696-0830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)