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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 188569

1. Corporation Name
PIONEER METALS INC.

Principal Place of Business
 6510 NW 37TH AVE
 MIAMI FL 33147
 US

Mailing Address
 6501 NW 37TH AVE
 MIAMI FL 33147
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1955

4. FEI Number
59-0773846

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] Suite, Apt. #, etc.

22 [] City & State

23 [] Zip [] Country

24 []

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip [] Country

29 [] 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CP	
NAME	HEGAMYER, W H	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VD	
NAME	HEGAMYER, L K	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	T	
NAME	ROBINSON, CHARLES V	
STREET ADDRESS	1550 NE 123 ST, N-307	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	SD	
NAME	HEGAMYER, K L	
STREET ADDRESS	261 GREENWOOD DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VD	
NAME	MARTY, D C	
STREET ADDRESS	7845 SW 67TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VD	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Kathy Hegamy* Kathy Hegamy **2/25/99** 305-696-0830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)