

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 # F11568 (5)

1. Corporation Name

P. M. I. INTERNATIONAL DISC, INC.



Principal Place of Business

Mailing Address

C/O PIONEER METALS, INC.
3611 NW 74TH ST
MIAMI FL 33147

C/O PIONEER METALS, INC.
3611 NW 74TH ST
MIAMI FL 33147

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/24/1980

3a. Date of Last Report
02/06/1995

4. FEI Number

59-2051737

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

10. Name and Address of New Registered Agent

HEGAMYER, WILLIAM H.
511 N. MASHTA DRIVE
MIAMI FL 33147

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 person named as registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CP
HEGAMYER, WILLIAM H.
511 N. MASHTA DRIVE
KEY BISCAVNE FL 33149

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE

VD
HEGAMYER, LEONORA K
511 N. MASHTA DRIVE
KEY BISCAVNE FL 33149

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY- ST- ZIP

2.4 CITY- ST- ZIP

TITLE

T
ROBINSON, CHARLES V
1550 NE 123 ST, N-307
N MIAMI FL 33161

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE

SD
HEGAMYER, K L
261 GREENWOOD DR.
KEY BISCAVNE FL 33149

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE

VD
MARTY, D C
7850 SW 67 TERRACE
MIAMI FL 33143

☐ DELETE

5.1 TITLE

☒ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE

VD
HINCKLEY, H D
6065 ROLLING DR
MIAMI FL 33156

☐ DELETE

6.1 TITLE

☐ Change

☐ 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:

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)