

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

Mailing Address

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

FILED
Mar 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1980

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 6501 NW 37th Ave.

2a. Mailing Address

26 6501 NW 37th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33147

Country

25 USA

Zip

29 33147

Country

30 USA

9. Name and Address of Current Registered Agent

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

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
NAME HEGAMYER, WILLIAM H.
STREET ADDRESS 511 N. MASHTA DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

DELETE

TITLE VD
NAME HEGAMYER, LEONORA K
STREET ADDRESS 511 N. MASHTA DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

DELETE

TITLE Y
NAME ROBINSON, CHARLES V
STREET ADDRESS 1550 NE 123 ST, N-307
CITY-ST-ZIP N MIAMI FL 33161

DELETE

TITLE SD
NAME HEGAMYER, K L
STREET ADDRESS 261 GREENWOOD DR.
CITY-ST-ZIP KEY BISCAYNE FL 33149

DELETE

TITLE VD
NAME MARTY, D C
STREET ADDRESS 7845 SW 67TH TERRACE
CITY-ST-ZIP MIAMI FL

DELETE

TITLE VD
NAME HINCKLEY, H D
STREET ADDRESS 6065 ROLLING DR
CITY-ST-ZIP MIAMI FL 33156

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE

[Handwritten Signature]

Kathy Hegamyer

2/18/98

205-696-0830

CR2E034 (10/97)