"AMENDED"

FOR PROFIT CORPORATION .UNIFORM BUSINESS REPORT (UBR)

08-27-2002 90120 032 ****70.00

FILED P93000032380
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P93000032380

1. Entity Name

FEDERAL PIONEER CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
469 NE 207TH LANE	P.O. BOX 600057
Suite, Apt. #, etc. UNIT 105	Suite, Apt. #, etc.
City & State N MIAMI BEACH FL	City & State N. MIAMI BCH. FL
Zip 33179 Country US	Zip 33161 Country US

4. FEI Number 651009387 — Applied For [ ] Not Applicable [X]

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PEDRO E. JIMENEZ

Street Address (P.O. Box Number is Not Acceptable)

469 NE 207TH LANE, UNIT 105

City MIAMI FL Zip Code 33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ N/A

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/SD PEDRO E. JIMENEZ 469 NE 207TH LN # 105 MIAMI FL 33179
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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PEDRO E. JIMENEZ 08/14/02 305 493-3533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/30/02