

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44256** (8)

1. Corporation Name

PAN AMERICAN COALITION OF WELDING INSTITUTIONS (PACWI), INC.



Principal Place of Business

Mailing Address

550 N. W. LEJEUNE RD
MIAMI FL 33126
US

550 N.W. LEJEUNE RD
MIAMI FL 33126
US

3. Date Incorporated or Qualified
07/11/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Country

4. FEI Number

65-0357294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALL, DR. NELSON C.
550 N.W. LEJEUNE ROAD
P.O. BOX 351040
MIAMI FL 33135**

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 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Dr. Nelson C. Wall, DED

April 17, 1996

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	AGUILAR, ING. AFONSO M.	
STREET ADDRESS	RUA CORREIA VASQUES NO. 67	
CITY - ST - ZIP	SAO PAULO BR	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHWARTZMANN, JUAN J.	
STREET ADDRESS	MONTE ALEGRO 143	
CITY - ST - ZIP	LIMA 33 PE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BATEMAN, ING. RICHARDO	
STREET ADDRESS	CARRERA 8 NO. 80-28	
CITY - ST - ZIP	BOGOTA CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ACKERLIN, PHILIPP	
STREET ADDRESS	391 BURNHAMTHORPE RD. E.	
CITY - ST - ZIP	OAKVILLE ON	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WALL, NELSON C. D	
STREET ADDRESS	550 NW LEJEUNE RD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GUNNING, NOEL E	
STREET ADDRESS	8-10 EUREKA RD	
CITY - ST - ZIP	KINGSTON, WEST INDIES	

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

[Signature]

Frank G. DeLaurier, ED

4/17/96

305-443-9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)