FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Moftham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**1. Corporation Name

(8)

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

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

550 N. W. LEJEUNE RD MIAMI FL 33126 US

21

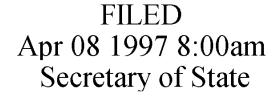
22

550 N.W. LEJEUNE RD MIAMI FL 33126-5671

2a. Mailing Address

Suite, Apt. #, etc.

26





(305) 443-9353

Daytime Phone # 0028469

2/3/97

3a. Date of Last Report 04/24/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 07/11/1991

65-0357294

5. Certificate of Status Desired

4. FEI Number

City & State City & State					6. Election Campaign Financing \$5.00 Ma	av Be	
23	28				Trust Fund Contribution Added to Fees		
Zip	Country Zip		Count	У	8. This corporation has liability for intangible tax under s. 199.032,		
24				Florida Statutes Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				Name		1	
WALL, DR. NELSON C.				82 Street Address (P.O. Box Number is Not Acceptable)			
550 N.W. LEJEUNE ROAD P.O. BOX 351040 MIAMI FL 33135			-	83			
) G.	63			
			8	City	B5 Zip Code		
11 Pursuant to the provisions of Sections 647-0502 and 617-1508. Florida Statutes, the				ve-named co		ocistored	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes.							
SIGNATURE Surday. Nyed or printing pages of segments agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE							
12.	OFFICERS AND		13.	and wind b	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12	
TOLE	P DELETE		1.1 TITLE	···	Change	Addition	
NAME	AGUILAR, ING. AFONSO M.			NAME			
STREET ADDRESS				ET ADDRESS		í	
CITY-ST-ZIP	SAO PAULO BR			ST-ZIP		1	
TITLE	VD DELETE		2.1 TITLE		☐ Change	Addition	
NAME	SCHWARTZMANN, JUAN J.		2.2 NAMI			ŀ	
STREET ADDRESS	MONTE ALEGRO 143		2.3 STRE	ET ADDRESS		[
CITY - ST - ZIP	LIMA 33 PE		2. 4 CITY	-ST-ZIP			
TITLE	VD DELETE		3.1 TITLE		☐ Change ☐ A		
NAME	BATEMAN, ING. RICHARDO		3.2 NAME			ĺ	
STREET ADDRESS	CARRERA 8 NO. 80-28		3.3 STRE	ET ADDRESS		- 1	
CITY - ST - ZIP	BOGOTA CO			3.4. City-St-zip			
TOLE	VD DELETE		4.1 TITLE		Change	Addition	
NAME	ACKERLIN, PHILIPP		4. 2 NAM	E			
STREET ADDRESS	391 BURNHAMTHORPE RD. E.		4.3 STREE	ET ADDRESS		ļ	
CHTY - ST - ZIP	OAKVILLE ON		4.4 CiTY-				
TITLE	ST DELETE		5.1 TITLE	1	Change	Addition	
NAME	WALL, NELSON C. D		5.2 NAME	1		,	
STREET ADDRESS	550 NW LEJEUNE RD.		5.3 STREE	T ADDRESS		j	
CITY - ST - ZIP	MIAMI FL		5.4 CITY				
TITLE	VPD	DELETE	6.1 TITLE	1	Change	Addition	
NAME	00/1/11/0) //0222		6.2 NAME	- 1	1 2/11 - 11-52		
STREET ADDRESS	- 14 11 m			ADDRESS BOOK 100 P (51 25)	
CITY-ST-ZIP	KINGSTON, WEST INDIES	with this filing does not	6.4 CITY		tool in Continue 110 O7/OVA Floring Continue 15 when a self-trans		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 trastee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name							

G OFFICER OR DIRECTOR