


FILE NOW: FILING FEE IS \$61.25

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**May 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44256 (8)
1. Corporation Name
PAN AMERICAN COALITION OF WELDING INSTITUTIONS (PACWI), INC.



Principal Place of Business 530 N. W. LEJEUNE RD MIAMI FL 33126 US	Mailing Address 530 N.W. LEJEUNE RD MIAMI FL 33126 US
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3. Date Incorporated or Qualified
07/11/1991

4. FEI Number 65-0357294	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**WALL, DR. NELSON C.
550 N.W. LEJEUNE ROAD
P.O. BOX 351040
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. **Dr. Nelson C. Wall** 2/5/98 305-443-9353

SIGNATURE: _____ **2/5/98 305-443-9353**

CP2E037 (10/97)