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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

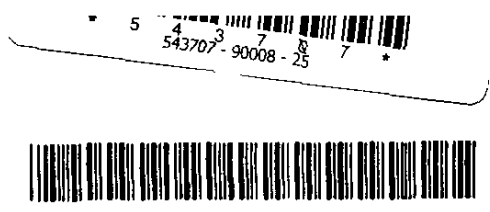
NONPROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # N44256

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

Principal Place of Business
 550 N. W. LEJEUNE RD
 MIAMI FL 33126
 US

Mailing Address
 550 N.W. LEJEUNE RD
 MIAMI FL 33126
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/11/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0357294	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

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			
				85 Zip Code			
				FL			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILAR, ING. AFONSO M.	1.2 NAME	Gunning, Noel E. (D)
STREET ADDRESS	RUA CORREIA VASQUES NO. 67	1.3 STREET ADDRESS	8-10 Eureka Rd.
CITY-ST-ZIP	SAO PAULO BR	1.4 CITY-ST-ZIP	Kingston, West Indies
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZMANN, JUAN J.	2.2 NAME	D.E.H. Reynolds (D)
STREET ADDRESS	MONTE ALEGRO 143	2.3 STREET ADDRESS	7250 W. Credit Av.
CITY-ST-ZIP	LIMA 33 PE	2.4 CITY-ST-ZIP	Ontario L5N 5H1 Canada
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN, ING. RICHARDO	3.2 NAME	Ing. Jesus Padilla
STREET ADDRESS	CARRERA 8 NO. 80-28	3.3 STREET ADDRESS	Cast
CITY-ST-ZIP	BOGOTA CO	3.4 CITY-ST-ZIP	Cuautitlan Izcalli, Mexico
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERLIN, PHILIPP	4.2 NAME	Gustavo Vela Prado (D)
STREET ADDRESS	391 BURNHAMTHORPE RD. E.	4.3 STREET ADDRESS	Apesol
CITY-ST-ZIP	OAKVILLE ON	4.4 CITY-ST-ZIP	La Victoria, Lima, Peru
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WALL, NELSON C. D	5.2 NAME	
STREET ADDRESS	550 NW LEJEUNE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GUNNING, NOEL E	6.2 NAME	
STREET ADDRESS	8-10 EUREKA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON, WEST INDIES	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 supplement to 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 by an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)