

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 91050 001 ***122.50

DOCUMENT # N44256



1. Entity 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**

30044600



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0357294**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
HUFSEY, JEFFREY

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

550 N.W. LEJEUNE RD.

City
MIAMI, FL. Zip Code
FL 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, CIPRIANI	
STREET ADDRESS	CENTURY DRIVE	
CITY-ST-ZIP	TRINCITY, TRINIDAD	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PANEZIC, SLAVKO	
STREET ADDRESS	7250 W CREDIT AVE	
CITY-ST-ZIP	MISSISSAUGA, ONT L5N 5N1CANA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	QUINTINI, CARLOS	
STREET ADDRESS	APARTADO 52042	
CITY-ST-ZIP	CARACAS 1050-A VENEZUELA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARTETO, CLAUDIO	
STREET ADDRESS	RUA ANTONIO CAMPARATO, 218	
CITY-ST-ZIP	04605-030, SAO PAULO, BRAZIL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRENCH, RICHARD	
STREET ADDRESS	550 NW LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHIN, HOWARD	
STREET ADDRESS	2 WINCHESTER RD	
CITY-ST-ZIP	KINGSTON 6, JAMAMICA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUFSEY, JEFFREY	
STREET ADDRESS	550 N.W. LEJEUNE RD.	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (10/02)