

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N49645 (7)
1. Corporation Name
**PACIFIC OCEAN COALITION OF WELDING ASSOCIATIONS
(POCWA), 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**

2. Principal Place of Business 26. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 **33126** 30

**APPROVED
AND
FILED**
95 APR 26 PM 12:50
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **06/26/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee/Not Required**
8. This corporation has liability for intangible tax under S. 190.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WALL, NELSON C.
550 NW LEJEUNE ROAD
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	DP
NAME	TAYLOR, EARL
STREET ADDRESS	GLADDING PALACE
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND
TITLE	VPD
NAME	BAERYO, CNOI
STREET ADDRESS	150-010 RM 510
CITY-ST-ZIP	SEOUL, KOREA
TITLE	VD
NAME	WANG, OILONG DR
STREET ADDRESS	65 HE XING LU
CITY-ST-ZIP	HARBIN, CHINA
TITLE	VD
NAME	MATSUDA, FUJITA
STREET ADDRESS	1-11 KANDA SARU MACNO
CITY-ST-ZIP	TOKYO, JAPAN
TITLE	ST
NAME	WALL, NELSON C DR
STREET ADDRESS	550 N.W. LEJUNE RD
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, checked or on an attachment with an address.

SIGNATURE: **Nelson C. Wall** **April 12, 1995** **3054439353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #