

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 06/26/1992  
3a. Date of Last Report: 04/26/1995  
4. FEI Number: 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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 for 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: *[Signature]* Dr. Nelson C. Wall, DED April 17, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TAYLOR, EARL		1.2 NAME	
STREET ADDRESS: GLADDING PALACE		1.3 STREET ADDRESS	
CITY-ST-ZIP: AUCKLAND, NEW ZEALAND		1.4 CITY-ST-ZIP	
TITLE: VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BAERYO, CNOI		2.2 NAME	
STREET ADDRESS: 150-010 RM 510		2.3 STREET ADDRESS	
CITY-ST-ZIP: SEOUL, KOREA		2.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WANG, OILONG DR		3.2 NAME	
STREET ADDRESS: 65 HE XING LU		3.3 STREET ADDRESS	
CITY-ST-ZIP: HARBIN, CHINA		3.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MATSUDA, FUJITA		4.2 NAME	
STREET ADDRESS: 1-11 KANDA SARU MACNO		4.3 STREET ADDRESS	
CITY-ST-ZIP: TOKYO, JAPAN		4.4 CITY-ST-ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WALL, NELSON C DR		5.2 NAME	
STREET ADDRESS: 550 N.W. LEJUNE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		5.4 CITY-ST-ZIP	
TITLE: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		6.2 NAME	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Frank G. DeLaurier, ED 4/17/96 305-443-9353

CR2E037 (12/95)