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FILED

Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

550 N.W. LEJEUNE RD  
MIAMI FL 33126  
US

550 N.W. LEJEUNE RD  
MIAMI FL 33126-5671  
US

3. Date Incorporated or Qualified  
06/26/1992

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALL, NELSON C.  
550 NW LEJEUNE ROAD  
MIAMI FL 33135

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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.

SIGNATURE: *Frank G. Delaurier* Frank G. Delaurier

2/3/97 (305) 443-9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0028470

CF2E037 (9/96)