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Apr 26, 1999 8:00 am
Secretary of State

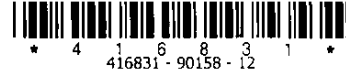
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49645

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/26/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, EARL	1.2 NAME	Fujita, Matsuda
STREET ADDRESS	GLADDING PALACE	1.3 STREET ADDRESS	1-11 Kanda Saru Macno
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	1.4 CITY-ST-ZIP	Tokyo, Japan
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAERYO, CNOI	2.2 NAME	Dr. John Meikle
STREET ADDRESS	150-010 RM 510	2.3 STREET ADDRESS	PO Box 76-134
CITY-ST-ZIP	SEOUL, KOREA	2.4 CITY-ST-ZIP	Manukau city - New Zealand
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSUDA, FUJITA	4.2 NAME	Mr. Robert Sim
STREET ADDRESS	1-11 KANDA SARU MACNO	4.3 STREET ADDRESS	Po Box 6165
CITY-ST-ZIP	TOKYO, JAPAN	4.4 CITY-ST-ZIP	Silverwater, Australia
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)