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

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 06 1997 8:00am

Secretary of State

Daytime Phone # 6028470

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49645

(7)

Mailing Address

PACIFIC OCEAN COALITION OF WELDING ASSOCIATIONS (POCWA), INC.

550 N.W. LEJEUNE RD MIAMI FL 33126 US		550 N.W. LEJEUNE RD MIAMI FL 33126-5671 US	MIAMI FL 33126-5671			Date Incorporated or Qualified	3a. Da	te of L	ast Re	port	
						06/26/1992		04/24			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<del>-1</del>	T	Ap	plied For	
21		26	26			NOT APPLICABLE			Not Applicable		
Suite, Apt #	f, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired		\$8.75 Additional Fee Regulred			
City & State		City & State	28			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Z <sub>1</sub> p	Country 25	Zip	Coun 30	try		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
			1	31	Name						
	elson C. Lejeune road		82 Street Ac			ddress (P.O. Box Number is Not Acceptable)					
MIAMI FL			8	13							
			\ •	34	City		Fi	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											
3	Signature, lyped or printed name of registered i	agent and title if applicable. (NC	YE: Registered /	Ager	nt signature requir	red when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS 13										
TITLE	DP	☐ DELETE	1.1 TOL	E				Ch	ange	Addition	
NAME			1.2 NAV	1.2 NAME							
STREET ADDRESS			1.3 STR	1.3 STREET ADDRESS							
CITY-ST-ZIP			1.4 CITY	1.4 CITY-ST-ZIP							
TITLE	VPD			2.1 TITLE				☐ Cr	ange	Addition	
NAME	Baeryo, Cnoi	), CNOI		2.2 NAME							
STREET ADDRESS	150-010 RM 510	+ + · · · · · · · · · · · · · · · · · ·		2.3 STREET ADDRESS							
CITY-ST-ZIP	SEOUL, KOREA		2. 4 CIT	Y - S	T-ZIP						
TITLE	VD	☐ DELETE	3.1 TITL	E				L.J Cr	ange	Addition	
NAME	WANG, OILONG DR		3.2 NAN	Æ	}						
STREET ADDRESS	65 HE XING LU		3.3 STR	EET,	ADDRESS						
CITY-ST-ZIP	HARBIN, CHINA		3.4. CIT	Y-\$	T-ZIP						
TITLE	VD	DELETE	4.1 TITE	E				☐ Ch	ange	Addition	
NAME	MATSUDA, FUJITA		4. 2 NA	ME							
STREET ADDRESS	1-11 KANDA SARU MACNO	1	4.3 STR	EET 1	ADDRESS						
CITY-ST-ZIP	TOKYO, JAPAN		4.4 CITY	/- ST	r-ZIP						
TITLE	ST	☐ DELETE	5.1 TITL	E				☐ Ci	ange	☐ Addition	
NAME	WALL, NELSON C DR		5.2 NAM	Æ							
STREET ADDRESS	550 N.W. LEJUNE RD		5.3 STR	EET .	address						
CiTY-ST-ZIP	MIAMI FL		5.4 CiTY	Y - ST	r-ZIP						
TITLE		☐ DELETE	6.1 TITL					Cr	ange	Addition	
NAME	6.3		6.2 NAN	6.2 NAME							
STREET ADDRESS					ADDRESS						

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 truettee 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, go in an attachment with an address.

SIGNATURE:

2/3/97 (305) 443-9353

6.4 CITY-ST-ZIP