


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49645** (7)  
1. Corporation Name  
**PACIFIC OCEAN COALITION OF WELDING ASSOCIATIONS  
(POCWA), INC.**

Principal Place of Business	Mailing Address
<b>550 N.W. LEJEUNE RD MIAMI FL 33126 US</b>	<b>550 N.W. LEJEUNE RD MIAMI FL 33126 US</b>

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

3. Date Incorporated or Qualified	<b>06/26/1992</b>	
4. FEI Number	Applied For	Not Applicable
<b>NOT APPLICABLE</b>		
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>	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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, EARL</b>	
STREET ADDRESS	<b>GLADDING PALACE</b>	
CITY-ST-ZIP	<b>AUCKLAND, NEW ZEALAND</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>BAERYO, CNOI</b>	
STREET ADDRESS	<b>150-010 RM 510</b>	
CITY-ST-ZIP	<b>SEOUL, KOREA</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>WANG, OILONG DR</b>	
STREET ADDRESS	<b>65 HE XING LU</b>	
CITY-ST-ZIP	<b>HARBIN, CHINA</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MATSUDA, FUJITA</b>	
STREET ADDRESS	<b>1-11 KANDA SARU MACNO</b>	
CITY-ST-ZIP	<b>TOKYO, JAPAN</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>WALL, NELSON C DR</b>	
STREET ADDRESS	<b>550 N.W. LEJUNE RD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
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 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: **Nelson C. Wall** 2/5/98 305-443-9353

CR2E037 (10/97)