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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

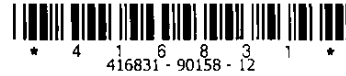
PACIFIC OCEAN COALITION OF WELDING ASSOCIATIONS (POCWA), INC.

Principal Place of Business

550 N.W. LEJEUNE RD
MIAMI FL 33126
US

Mailing Address

550 N.W. LEJEUNE RD
MIAMI FL 33126
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/26/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	DP
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	2.1 TITLE	VPD
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	3.1 TITLE	
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	4.1 TITLE	VPD
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	5.1 TITLE	
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		6.1 TITLE	
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 (1/1/98)