

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90266 006 \*\*\*150.00

DOCUMENT # P98000074925

1. Corporation Name

INVERSIONES METASONICO CO.

Principal Place of Business

6511 NORTHWEST 87 AVENUE  
MIAMI FL 33102-5322

Mailing Address

6511 NORTHWEST 87 AVENUE  
MIAMI FL 33102-5322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6641 NW 82 Ave.

Suite, Apt. #, etc.

City & State

23 Miami FL

Zip Country  
24 33166 25 USA

2a. Mailing Address

26 2509 NW 72 Ave.

Suite, Apt. #, etc.

City & State

27 PO Box 025322  
28 Miami FL

Zip Country  
29 33102-5322 30 USA

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

650859284

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Samir J. Gebran H.

82 Street Address (P.O. Box Number is Not Acceptable)  
6641 NW 82 Ave.

83

84 City Miami

FL

85 Zip Code 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 13, 1999

12. OFFICERS AND DIRECTORS

TITLE VTD  
NAME BIANCHINI, MARIA G SC  
STREET ADDRESS 6511 NORTHWEST 87 AVENUE  
CITY-ST-ZIP MIAMI FL 33102-5322

☐ DELETE

TITLE PTD  
NAME GEBRAN, SAMIR J PH.D.  
STREET ADDRESS 6511 NORTHWEST 87 AVENUE  
CITY-ST-ZIP MIAMI FL 33102-5322

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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

Apr 13, 1999 (305) 5927001

Date

Daytime Phone #

CR2E034 (11/98)