

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**95 MAR 29 AM 7:15**

**DOCUMENT # N40809 (8)**

1. Corporation Name  
**PEACE FOR LEBANON, INC.**

Principal Place of Business Mailing Address  
**6781 ROYAL MELBOURNE DRIVE MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **11/14/1990** 3a. Date of Last Report **05/24/1994**  
4. FEI Number **58-1977663** Applied For Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ELIAS, JOHN**  
**15225 NW 77 AVE, #202**  
**MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent  
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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>KHOURI, DALAL</b>
STREET ADDRESS	<b>6100 N. KENDALL DR.</b>
CITY- ST- ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>SD</b>
NAME	<b>ZACCA, MIMO</b>
STREET ADDRESS	<b>192 MINORCO AVE.</b>
CITY- ST- ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>PD</b>
NAME	<b>MAROON, LUCILLE</b>
STREET ADDRESS	<b>8271 SW 87TH TERR.</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>MESHAKA, DOLLY</b>	
13 STREET ADDRESS	<b>8275 SW 93 Street</b>	
14 CITY- ST- ZIP	<b>Miami, FL. 33158</b>	
21 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>GADDALA-MARIA, PIERETTE</b>	
23 STREET ADDRESS	<b>5824 SW 131 Terrace</b>	
24 CITY- ST- ZIP	<b>MIAMI, FL. 33156</b>	
31 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>ASMAR, ANGELE</b>	
33 STREET ADDRESS	<b>2535 SW 17 AVENUE</b>	
34 CITY- ST- ZIP	<b>MIAMI, FL. 33133</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the 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 Lucille Maroon Lucille Maroon March 22, 95 (305) 270-1988  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR (Date) (Signature) (Typed Name)