

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40809
1. Corporation Name

PEACE FOR LEBANON INC.

Principal Place of Business Mailing Address
7461 S.W. 174th street--7282 Sidonia court
Miami, Florida 33157---Boca Raton, Fl. 33433

3. Date Incorporated or Qualified: **11/14/90**
3a. Date of Last Report: **3/22/95**
4. FEI Number: **58-1977663**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7461 SW 174th st.** 26 Suite, Apt #, etc
22 Suite Apt #, etc 27 Suite, Apt #, etc
23 **Miami, FL. 33157** 28 City & State
24 Zip 25 Country 29 Zip 30 Country

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 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 _____ (NOTE: Registered Agent signature required when translating) DATE _____

12. **1994-95** OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	Meshaka, Dolly	
STREET ADDRESS	8275 SW 93rd street	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Gaddala-Maria Pierette	
STREET ADDRESS	5824 SW 131 Terr.	
CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Asmar Angele	
STREET ADDRESS	2535 Sw 17th Ave.	
CITY-ST-ZIP	Miami, FL. 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **1995-96** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Chebli, Najat	
13 STREET ADDRESS	12460 SW 106 Terr	
14 CITY-ST-ZIP	Miami, Fl. 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	SD	
22 NAME	Gaddala-Maria Pi	
23 STREET ADDRESS	5824 SW 131 Terr	
24 CITY-ST-ZIP	Miami, Fl. 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	PD	
32 NAME	Maroon, Lucille	
33 STREET ADDRESS	8271 SW 87 Terr	
34 CITY-ST-ZIP	Miami FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	500001798025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-04/29/96--01024--030	
53 STREET ADDRESS	***61.25	
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 119.07(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 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: *Lucille Maroon (President)* 4/23/96 305-270-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Phone #)

CR2E037 (12/95)