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May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40809 (8)

1. Corporation Name

PEACE FOR LEBANON, INC.



Principal Place of Business

Mailing Address

7461 SW 174TH STREET  
MIAMI FL 331577282 SIDONIA COURT  
BOCA RATON FL 33433-6933

3. Date Incorporated or Qualified

11/14/1990

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELIAS, JOHN  
15225 NW 77 AVE, #202  
MIAMI LAKES FL 33014

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

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 TD  
NAME CHEBLI, NAJAT  
STREET ADDRESS 12460 SW 106TH TERRACE  
CITY-ST-ZIP MIAMI FL 331561.1 TITLE TD  
1.2 NAME KHOURI, DALAL  
1.3 STREET ADDRESS 6100 N KENDALL DRIVE  
1.4 CITY-ST-ZIP MIAMI, FL. 33156TITLE SD  
NAME GADDALA-MARIA, PIERETTE  
STREET ADDRESS 5824 SW 131 TERRACE  
CITY-ST-ZIP MIAMI FL 331562.1 TITLE SD  
2.2 NAME DOLLY MESHAKA  
2.3 STREET ADDRESS 8275 SW 93rd. street  
2.4 CITY-ST-ZIP MIAMI, FL. 33156TITLE PD  
NAME MAROON, LUCILLE  
STREET ADDRESS 8271 SW 87TH TERRACE  
CITY-ST-ZIP MIAMI FL 331433.1 TITLE PD  
3.2 NAME ABRAHAM, STABIA  
3.3 STREET ADDRESS 8530 SW 83rd. Street  
3.4 CITY-ST-ZIP MIAMI, FL. 33143TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: *Stabia Abraham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

561-3698223

Date

Daytime Phone # 0042142

CR2E037 (9/96)