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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40809** (8)

1. Corporation Name

PEACE FOR LEBANON, INC.

Principal Place of Business

Mailing Address

**7461 SW 174TH STREET
MIAMI FL 33157**

**7282 SIDONIA COURT
BOCA RATON FL 33433**

3. Date Incorporated or Qualified

11/14/1990

4. FEI Number

58-1977663

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. XXXXX CHANGES/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	KHOURI, DALAL	1.2 NAME	DERGAN, LEILA
STREET ADDRESS	6100 N. KENDALL DRIVE	1.3 STREET ADDRESS	6039 Collins Ave. #1724
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140
TITLE	SDD	2.1 TITLE	SDD
NAME	MESHAKA, DOLLY	2.2 NAME	ZACCA, MIMO
STREET ADDRESS	8275 S.W. 83RD STREET	2.3 STREET ADDRESS	7461 S.W. 174th street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE	PD	3.1 TITLE	PD
NAME	ABRAHAM, STASIA	3.2 NAME	COURY, AMELIA
STREET ADDRESS	8530 S.W. 83RD STREET	3.3 STREET ADDRESS	8890 S.W. 78th COURT
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33156
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Stasia Abraham*

Stasia Abraham

**561 367 8223
305 274 1555**

CR2E037 (1097)