


FILE NOW: FILING FEE IS \$61.25

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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90018 020 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N40809

1. Corporation Name
PEACE FOR LEBANON, INC.

| | |
|---|--|
| Principal Place of Business 7461 SW 174TH STREET MIAMI FL 33157 | Mailing Address 7282 SIDONIA COURT BOCA RATON FL 33433 |
|---|--|



| | | |
|---|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 11/14/1990 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 58-1977663 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | Zip 29 | Country 30 |
| 9. Name and Address of Current Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DERGAN, LEILA | |
| STREET ADDRESS | 6039 COLLINS AVE, 1724 | |
| CITY-ST-ZIP | MIAMI BCH FL 33140 | |
| TITLE | SDD | <input type="checkbox"/> DELETE |
| NAME | ZACCA, MIMO | |
| STREET ADDRESS | 7461 SW 174TH ST | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | COURY, AMELIA | |
| STREET ADDRESS | 8890 SW 78TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|---|
| 1.1 TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Dalal Khouri | |
| 1.3 STREET ADDRESS | 6100 N Kendall Dr. | |
| 1.4 CITY-ST-ZIP | Miami, FL 33156 | |
| 2.1 TITLE | SDD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Pierette Gala-Maria | |
| 2.3 STREET ADDRESS | 5824 SW 131 Terr. | |
| 2.4 CITY-ST-ZIP | Miami, FL 33156 | |
| 3.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Virginia Nimer | |
| 3.3 STREET ADDRESS | 705 Sunset Dr. | |
| 3.4 CITY-ST-ZIP | Coral Gables, FL 33143 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Leila Dergan* **SIGNATURE REQUIRED** 3-21-99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)