

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N40809

1. Corporation Name

PEACE FOR LEBANON, INC.

Principal Place of Business

Mailing Address

7461 SW 174TH STREET

7282 SIDONIA COURT BOCA RATON FL 33433

FILED Mar 26, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business	2a. Mailing Address		······································	3. Date Incorporated or Qualifed			
1 26				11/14/1990				
Suite, Apt. #, etc.					4. FEI Number	⊢	oplied For	
22 27			58-1977663		58-1977663		lot Applicable	
City & Stat	City & State City & State			5. Certificate of Status De		d Sa.75 Additional Fee Required		
Zip	Country Zip C			Country 6. Election Campaign Financing \$5.00 May Be				
24	25 29 30				Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
			81	Name			. (
CLIAC IOUN			82 Street Address (P.O. Box Number is Not Acceptable)					
ELIAS, JOHN			102	Sucois	Addiess (1:0: Box Halliner is Not Acceptable	· '		
15225 NW 77 AVE, #202			83					
MIAMI (AI	KES FL 33014		84	City		85 Zip	Code	
			1		•	FL	[
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was auth	onzed by	the corpo	corporation submits this statement for the pur tration's board of directors. I hereby accept the	pose of changing it ne appointment as r	s registered egistered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature re	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	TD	☐ DELETE	1.1 TITLE		TD	☐ Change	☐ Addition	
NAME	DERGAN, LEILA		1.2 NAME		Dalal Khouri		ļ	
STREET ADDRESS		i	1.3 STREET	TADORESS	6100 NEKendall Dr.	*	Ì	
CITY-ST-ZIP	MIAMI BCH FL 33140		1.4 CITY-S	T-ZIP	Miami F1 33156			
TITLE	SDD	☐ DELETE	2.1 TITLE		SDD	☐ Change	☐ Addition	
NAME	ZACCA. MIMO		2.2 NAME		Pierette Gdala-Mari	_		
STREET ADDRESS	T		23 STREE	TADDRESS		a	1	
	MIAMI FL 33157		2.4 CITY-5		5824 SW 131 Terr.		j	
TITLE	PD	☐ DELETE	3.1 TITLE	,1-21	Miami, F1. 33156	☐ Change	Addition	
NAME -	COURY, AMELIA		3.2 NAME	•	PD *			
				TADDRESS	Virginia Nimer			
STREET ADDRESS	1		3.4. CITY-S		705 Sunset Dr.			
CITY-ST-ZIP	MIAMI FL 33156		4.1 TITLE	51-ZIP	Coral Gables, Fl. 3	3143 Change	Addition	
TITLE			4. 2 NAME			- '		
NAME				TADDRESS			• [
STREET ADDRESS		*			• .			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		☐ Change	Addition	
TITLE		□ pereie	5.1 IIILE 5.2 NAME			age		
NAME				TADIORESS			· . [
STREET ADDRESS			5.4 CITY-S	- 1				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-CIF		☐ Change	☐ Addition	
TITLE		, TI DETE IS	6.2 NAME		·	. Li cuande		
NAME							[
STREET ADDRESS				TADORESS)	
CITY-ST-ZIP			6.4 CITY-S	T-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 suppliemental 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:

GINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3-21-99

Daytime Phone #

CR2E037 (11/98).