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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000005206

1. Corporation Name

CANON H. BAXTER LIEBLER FOUNDATION, INC.

Principal Place of Business

6510 S.W. 93 AVENUE
 MIAMI FL 33173

Mailing Address

6510 S.W. 93 AVENUE
 MIAMI FL 33173



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

31-1542730

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

9. Name and Address of Current Registered Agent

MILIAN, DAVID P ESQ.
 2800 FIRST UNION FINANCIAL CENTER
 200 S. BISCAYNE BLVD.
 MIAMI FL 33131-2335

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME LIEBLER, ROBERT F
 STREET ADDRESS 6510 S.W. 93 AVENUE
 CITY-ST-ZIP MIAMI FL 33173

TITLE VSD DELETE
 NAME LIEBLER, JANICE R
 STREET ADDRESS 6510 S.W. 93 AVENUE
 CITY-ST-ZIP MIAMI FL 33173

TITLE D DELETE
 NAME MILIAN, DAVID P
 STREET ADDRESS 200 S. BISCAYNE BLVD., #2800
 CITY-ST-ZIP MIAMI FL 33131-2335

TITLE D DELETE
 NAME LIEBLER, MATTHEW B
 STREET ADDRESS 1017 MERCHANTS WAY, APT. 2-B
 CITY-ST-ZIP CHESAPEAKE VA 23320

TITLE D DELETE
 NAME MACDONNELL, WALTER E
 STREET ADDRESS 8440 SW 48 ST
 CITY-ST-ZIP MIAMI FL

TITLE D DELETE
 NAME BODE, MARTHA
 STREET ADDRESS 3425 NW 3RD ST
 CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20 1999 305-274-9251
 Date Daytime Phone #

CR2E037 (11/98)

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