


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005206 1. Entity Name CANON H. BAXTER LIEBLER FOUNDATION, INC.	
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Principal Place of Business 6510 S.W. 93 AVENUE MIAMI FL 33173	Mailing Address 6510 S.W. 93 AVENUE MIAMI FL 33173
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State

Zip	Country	Zip	Country	4. FEI Number 31-1542730	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MILIAN, DAVID P ESQ. 2800 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI FL 33131-2335	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD LIEBLER, ROBERT F <input type="checkbox"/> Delete 6510 S.W. 93 AVENUE MIAMI FL 33173
TITLE	VSD LIEBLER, JANICE R <input type="checkbox"/> Delete 6510 S.W. 93 AVENUE MIAMI FL 33173
TITLE	D MILIAN, DAVID P <input type="checkbox"/> Delete 200 S. BISCAYNE BLVD., #2800 MIAMI FL 33131-2335
TITLE	D MACDONNELL, WALTER E <input type="checkbox"/> Delete 8440 SW 48 ST MIAMI FL
TITLE	D BODE, MARTHA <input type="checkbox"/> Delete 3425 NW 3RD ST MIAMI FL
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000081665
STREET ADDRESS	03/08/04-80158-018 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	Robert F. Liebler	March 3 2004 305-274-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #