

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **696523** (0)

1. Corporation Name  
**LE GLACIER, INC.**



Principal Place of Business

Main Address

C/O JEAN C SCHACHERER  
5950 S DIXIE HWY  
MIAMI FL 33143-5128

C/O JEAN C SCHACHERER  
5950 S DIXIE HWY  
MIAMI FL 33143-5128

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

SCHACHERER, JEAN C  
5950 S DIXIE HWY  
MIAMI FL

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

FL

11. Pursuant to the provisions of Sections 607.07 and 607.1405, Florida Statutes, I declare under penalty of perjury that this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is true and correct. I, the undersigned, being of the full legal capacity, hereby appoint the person named as registered agent, I am familiar with, and accept the obligations of Section 607.07(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/>	DELETED
TITLE	PST	<input type="checkbox"/>	DELETED
NAME	SCHACHERER, JEAN C	<input type="checkbox"/>	DELETED
STREET ADDRESS	5010 ORDUNA DRIVE	<input type="checkbox"/>	DELETED
CITY-STATE-ZIP	CORAL GABLES FL	<input type="checkbox"/>	DELETED
TITLE	D	<input type="checkbox"/>	DELETED
NAME	SCHACHERER, JEAN C	<input type="checkbox"/>	DELETED
STREET ADDRESS	5010 ORDUNA DRIVE	<input type="checkbox"/>	DELETED
CITY-STATE-ZIP	CORAL GABLES FL	<input type="checkbox"/>	DELETED
TITLE		<input type="checkbox"/>	DELETED
NAME		<input type="checkbox"/>	DELETED
STREET ADDRESS		<input type="checkbox"/>	DELETED
CITY-STATE-ZIP		<input type="checkbox"/>	DELETED
TITLE		<input type="checkbox"/>	DELETED
NAME		<input type="checkbox"/>	DELETED
STREET ADDRESS		<input type="checkbox"/>	DELETED
CITY-STATE-ZIP		<input type="checkbox"/>	DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1. TITLE		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
2. NAME		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
3. STREET ADDRESS		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
4. CITY-STATE-ZIP		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
5. TITLE		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
6. NAME		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
7. STREET ADDRESS		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
8. CITY-STATE-ZIP		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
9. TITLE		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
10. NAME		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
11. STREET ADDRESS		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition
12. CITY-STATE-ZIP		<input type="checkbox"/> <td>Change</td> <td><input type="checkbox"/> <td>Addition</td> </td>	Change	<input type="checkbox"/> <td>Addition</td>	Addition

14. I do hereby certify that the information supplied with this filing is true and correct. I am not qualified for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information furnished on this report is true and correct, and that I, as principal officer, have the same legal effect as if made under oath, that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changes, or on an addition, in an address.

SIGNATURE: *Jean Claude Schacherer* Jean Claude Schacherer 3-28-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)