

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

APPROVED AND FILED

95 MAR 15 AM 10:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K74997 (3)

**1. Corporation Name
THE GLACIER GROUP, INC.**

Principal Place of Business C/O ALFREDO FERNANDEZ 900-NORTH-HOWARD-AVENUE TAMPA-FL-33606 <i>5444 Pioneer Pk Blvd Tampa, FL 33634</i>	Mailing Address C/O ALFREDO FERNANDEZ 900-NORTH-HOWARD-AVENUE TAMPA-FL-33606 <i>5444 PIONEER PK BLVD TAMPA, FLA 33634</i>
---	--

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0113451	3a. Date of Last Report 01/28/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Zip	28	Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Country		

9. Name and Address of Current Registered Agent
FERNANDEZ, ALFREDO
900-NORTH-HOWARD-AVENUE
TAMPA-FL-33606

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DE ONA FERRE, MANUEL A.
STREET ADDRESS	BOX 2073-1000 LA URUCA
CITY-ST-ZIP	SAN JOSE, COSTA RICA
TITLE	D
NAME	FERNANDEZ, ALFREDO M
STREET ADDRESS	900-NORTH-HOWARD-AVE <i>5444 PIONEER PK BLVD</i>
CITY-ST-ZIP	TAMPA-FL <i>Tampa, Fla. 33634</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Alfredo M. Fernandez* **2-14-95** **813-249-6611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Name)
ALFREDO M. FERNANDEZ

2/28/95 CORPORATE DETAIL RECORD SCREEN 9:19 AM
NUM: K74997 ST: FL ACTIVE/FL PROFIT FLD: 03/23/1989
FEI#: 65-0113451
NAME : THE GLACIER GROUP, INC.
PRINCIPAL: C/O ALFREDO FERNANDEZ
ADDRESS 900 NORTH HOWARD AVENUE
TAMPA, FL 33606
RA NAME : FERNANDEZ, ALFREDO
RA ADDR : 900 NORTH HOWARD AVENUE
TAMPA, FL 33606
ANN REP : (1992) B 03/20/92 (1993) B 04/06/93 (1994) B 01/28/94

2/28/95 OFFICER/DIRECTOR DETAIL SCREEN 9:19 AM
CORP NUMBER: K74997 CORP NAME: THE GLACIER GROUP, INC.
TITLE: D NAME: DE ONA FERRE, MANUEL A.
BOX 2073-1000 LA URUCA
SAN JOSE, COSTA RICA,
TITLE: D NAME: FERNANDEZ, ALFREDO M.
900 NORTH HOWARD AVE
TAMPA, FL