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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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 | Mailing Address |
|---|---|
| ~~C/O ALFREDO FERNANDEZ~~<br>~~5444 PIONEER PARK BLVD~~<br>~~TAMPA FL 33634~~<br>US 512 S. Audubon St.<br>Tampa, FL 33609 | ~~C/O ALFREDO FERNANDEZ~~<br>~~5444 PIONEER PARK BLVD~~<br>~~TAMPA FL 33634~~<br>US JESSICA SCOTT<br>p.o. box 18105<br>Tampa, Fl<br>33679 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 03/23/1989 | 3a. Date of Last Report: 03/15/1995 |
| 4. FEI Number: 65-0113451 | ☐ 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

~~FERNANDEZ, ALFREDO~~
~~900 NORTH HOWARD AVENUE~~
~~TAMPA FL 33606~~

JESSICA SCOTT
512 S. Audubon Street
Tampa, Florida 33609

**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 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: Jessica Ann Scott DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not dated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D President<br>DE ONA FERRE, MANUEL A.<br>BOX 2073-1000 LA URUCA<br>SAN JOSE, COSTA RICA ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~FERNANDEZ, ALFREDO M~~<br>~~5444 PIONEER PARK BLVD~~<br>~~TAMPA FL~~ ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>JESSICA SCOTT<br>512 S. Audubon Street<br>Tampa, Florida 33609 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

200001738082
-03/11/96--01004--015
***200.00

CR2E034 (12/95)

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 119.07(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:** Jessica Ann Scott Secretary 2/19/96 813-876-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #