FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:02

DOCUMENT # M83387 (4)

1. Corporation Name
26 UNLIMITED CORP.

Principal Place of Business
% DANELLE SARDO
3840 SHIPPING AVENUE
MIAMI FL 33146

Mailing Address
% DANELLE SARDO
3840 SHIPPING AVENUE
MIAMI FL 33146

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0053758 ☐ 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

9. Name and Address of Current Registered Agent

SARDO, ~~DANIELLE~~
~~450 CALIGULA AVE.~~ 2711 SAN DOMINGO ST
~~CORAL GABLES FL 33146~~ Coral Gables FL 33134

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SARDO, SEBASTIAN	12 NAME	
STREET ADDRESS	~~2840 S BAYSHORE DR~~	13 STREET ADDRESS	2711 San Domingo St
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	SARDO, DANIELE	22 NAME	
STREET ADDRESS	~~2843 S BAYSHORE DR~~	23 STREET ADDRESS	2711 SAN DOMINGO ST
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	Coral Gables Fl 33134.
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	RENARD, ANGELINE	32 NAME	
STREET ADDRESS	~~6200 SW 33 CT~~	33 STREET ADDRESS	737 Minorca Av.
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	Coral Gables Fl 33134
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SARDO, RAPHAEL	42 NAME	
STREET ADDRESS	~~6200 SW 33 CT~~	43 STREET ADDRESS	5946. SW 53rd Ter.
CITY-ST-ZIP	~~MIAMI FL~~	44 CITY-ST-ZIP	South Miami FL 33155
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: [signature] 3.11.93.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0190724 CP