

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90004 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000070885

1. Corporation Name
THE SECOND PAIR, INC.



Principal Place of Business
 4627 PONCE DE LEON BLVD.
 SECOND FLOOR
 CORAL GABLES FL 33146

Mailing Address
 4627 PONCE DE LEON BLVD.
 SECOND FLOOR
 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1996

2. Principal Place of Business
6230 SW 8 STREET
 Suite, Apt. #: etc.
 City & State
MIAMI FL
 Zip
33144 Country
USA

2a. Mailing Address
6230 SW 8 STREET
 Suite, Apt. #: etc.
 City & State
MIAMI FL
 Zip
33144 Country
USA

4. FEI Number
65-0692134

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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

GAULKIN, JOEL M ESQ.
4627 PONCE DE LEON BLVD.
SECOND FLOOR
CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KASHTAN, MICHAEL F	
STREET ADDRESS	241 SEVILLA AVE., PH 2	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASTELLANOS, NELSON F	
STREET ADDRESS	6230 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASTELLANOS, NELSON F	
2.3 STREET ADDRESS	6230 SW 8 STREET	
2.4 CITY-ST-ZIP	MIAMI FL 33144	
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 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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
8/19/99

Daytime Phone #

CR2E034 (5/99)

JOEL M. GAULKIN, P.A.
ATTORNEY AT LAW

P916000070885
609655-9004-17

4627 Ponce de Leon Blvd.
Second Floor
Coral Gables, Florida 33146
Telephone (305) 661-4830
FAX (305) 665-9073

August 23, 1999

Division of Corporation
Annual Report Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs:

Enclosed please find a 1999 annual report The Second Pair, Inc. and check for \$150.00.

When the corporation was formed, the corporation used my address as its principal place of business and mailing address. However, the corporation subsequently opened their retail store at 6230 S.W. 8th Street, Miami, Florida 33144.

The annual report did not reach the hands of The Second Pair by May 1st, 1999 and for this small corporation to pay a significant up charge for late filing will constitute a significant financial hardship.

We respectfully request that the penalty against The Second Pair, Inc. be waived and that the \$150.00 check enclosed be accepted.

Please contact me at your earliest convenience to discuss this matter further.

Sincerely,


J.M. Gaulkin

JMG/mr.
Enclosure
cc: The Second Pair, Inc.