

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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000070885**  
1. Corporation Name  
**THE SECOND PAIR, INC.**



Principal Place of Business <b>4627 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES FL 33146</b>	Mailing Address <b>4627 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES FL 33146</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6230 SW 8 Street</b> Suite, Apt. #: etc. City & State <b>Miami FL</b> Zip <b>33144</b>		2a. Mailing Address <b>6230 SW 8 Street</b> Suite, Apt. #: etc. City & State <b>Miami FL</b> Zip <b>33144</b>	3. Date Incorporated or Qualified <b>08/23/1996</b>	4. FEI Number <b>65-0692134</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GAULKIN, JOEL M ESQ. 4627 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES FL 33146</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KASHTAN, MICHAEL F</b>		1.2 NAME	
STREET ADDRESS <b>241 SEVILLA AVE., PH 2</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASTELLANOS, NELSON F</b>		2.2 NAME	<b>DP</b>
STREET ADDRESS <b>6230 S.W. 8 STREET</b>		2.3 STREET ADDRESS	<b>CASTELLANOS, NELSON F</b>
CITY-ST-ZIP <b>MIAMI FL 33144</b>		2.4 CITY-ST-ZIP	<b>6230 SW 8 Street</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Miami FL 33144</b>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:** \_\_\_\_\_ **RES** **8/19/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P96000070885  
609655-9004-17

JOEL M. GAULKIN, P.A.

ATTORNEY AT LAW

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. 8<sup>th</sup> Street, Miami, Florida 33144.

The annual report did not reach the hands of The Second Pair by May 1<sup>st</sup>, 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.