

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
Jul 28, 1999 8:00 am
Secretary of State
 07-28-1999 90007 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000078751

1. Corporation Name
SIXPLEX, INC.



Principal Place of Business: 999 WASHINGTON AVE MIAMI BEACH FL 33139
 Mailing Address: 999 WASHINGTON AVE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1998

2. Principal Place of Business: 21
 2a. Mailing Address: 26
471 SW 8th ST.

4. FEI Number: 65-0865440
 Applied For
 Not Applicable

Suite, Apt., #, etc.: 22
 City & State: 23
MIAMI FL

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

Zip: 24
 Country: 25
 Zip: 29
33130
 Country: 30
USA

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

10. Name and Address of New Registered Agent

WASSERMAN, MARTIN W
999 WASHINGTON AVE
MIAMI BEACH FL 33139

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

12. OFFICERS AND DIRECTORS	
TITLE	DPS <input type="checkbox"/> DELETE
NAME	FERNANDEZ, JOSE
STREET ADDRESS	999 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139
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	<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 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: _____ (305) 859-8225 7/15/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



P98000078751
597251-90007-39

July 13, 1999

Florida Department of State.
Division of Corporations.
Annual Reports Filings.

P.O.-Box-1500

Tallahassee, FL 32302-1500

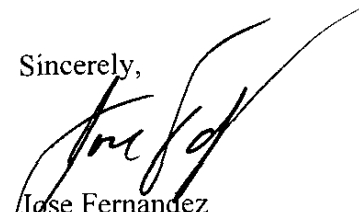
RE: Document #P98000078751
Sixplex, Inc.

To whom it may concern,

This letter is to inform you that we have not received the 1st copy of the Annual Report for the company referenced above. Please note that our mailing address is 471 SW 8th Street Miami, FL 33130.

Enclosed is the 1999 Annual Report however, due to the non-receipt of the Annual Report, we would like to request a waiver of any penalties and fees on this account. Should you have any questions or need additional information, please call our office (305) 859-8225. Your prompt attention regarding this matter is appreciated.

Sincerely,



Jose Fernandez
President

nandez Investments Jose Fernandez Investments Jose Fernan

471 SW 8th Street / Miami, Florida 33130
Telephone: (305) 859-8225 / Fax: (305) 859-2885