

<p>APPLICATION FOR CORP. ANNUAL REPORT FOR 1998</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">DO NOT WRITE IN THIS SPACE.</p> <p style="text-align: center; font-size: 1.2em;">FILED</p> <p style="text-align: center;">98 MAY -5 AM 10:58</p>																													
<p>Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State</p>																															
<p>1. Name and Mailing Address of Corporation: DOCUMENT # P96000081972</p> <p>MAGIC BEAUTY SUPPLY, INC. 1443 NE 163RD STREET NORTH MIAMI BEACH, FL 33162</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.</p> <p>Address _____</p> <p>Address _____</p> <p>City and State _____</p> <p>Zip Code _____</p>																													
<p>3. Date Incorporated or Qualified To Do Business in Florida: 10/03/96</p>		<p>4. FEI Number: 65-0700355</p> <p><input type="checkbox"/> FEI Number Applied For <input type="checkbox"/> FEI Number Not Applicable</p>																													
<p>5. Names and Street Addresses of Each Officer and/or Director</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title</th> <th style="width: 30%;">Names of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City and State</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>LEE, DAE HYUN</td> <td>17240 NW 64TH AVENUE #209</td> <td>MIAMI, FL 33015</td> </tr> <tr> <td>V/S/D</td> <td>HUH, SEUNG E.</td> <td>17240 NW 64TH AVENUE #209</td> <td>MIAMI, FL 33015</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>000002516350--2 -05/07/98--01133--007 ****150.00 ****150.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State	P/D	LEE, DAE HYUN	17240 NW 64TH AVENUE #209	MIAMI, FL 33015	V/S/D	HUH, SEUNG E.	17240 NW 64TH AVENUE #209	MIAMI, FL 33015				000002516350--2 -05/07/98--01133--007 ****150.00 ****150.00												
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<p>This corporation has liability for intangible tax under section 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For intangible tax information call Department of Revenue 904-488-6800.</p>																															
<p>REGISTERED AGENT INFORMATION</p>		<p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City and State _____ Zip Code _____</p>																													
<p>6. Name and Address of Current Registered Agent</p> <p>LEE, DAE HYUN 17240 NW 64TH AVENUE #209 MIAMI, FL 33015</p>		<p>FL.</p>																													
<p>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.</p> <p>Signature of Registered Agent: _____ Date: 04/24/98</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>9. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director: _____ Date: 04/24/98 Phone #: (305) 948-6660</p> <p>Typed or printed name of signing officer or director: _____</p>																															
<p>10. Should you desire a certificate of status check the box.</p>																															