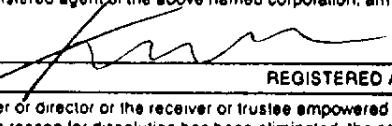
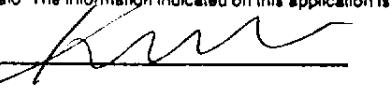


APPLICATION FOR CORP. ANNUAL REPORT FOR 1998		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE.
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State			
1. Name and Mailing Address of Corporation: DOCUMENT # P96000081972 MAGIC BEAUTY SUPPLY, INC. 1443 NE 163RD STREET NORTH MIAMI BEACH, FL 33162		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. Address Address City and State Zip Code	
3. Date Incorporated or Qualified To Do Business in Florida 10/03/96		4. FEI Number 65-0700355	<input checked="" type="checkbox"/> FEI Number Applied For <input type="checkbox"/> FEI Number Not Applicable
5. Names and Street Addresses of Each Officer and/or Director			
1. Title	2. Names of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. 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 <i>AB/108 6/15</i>	
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.			
REGISTERED AGENT INFORMATION		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent		Name Street Address (Do NOT Use P.O. Box Number)	
LEE, DAE HYUN 17240 NW 64TH AVENUE #209 MIAMI, FL 33015		Street Address (Do NOT Use P.O. Box Number) City and State FL. Zip Code	
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.			
Signature of Registered Agent 		Date 04/24/98	
REGISTERED AGENT MUST SIGN			
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.			
Signature of Officer or Director 		Date 04/24/98 Phone # (305) 948-6660	
Typed or printed name of signing officer or director _____			
10. Should you desire a certificate of status check the box.			
<input type="checkbox"/>			\$0.75 Additional Fee