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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
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NAME: MUNDIAL BEAUTY SUPPLIES INC.

AUDIT NUMBER.....H97000020566

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 4

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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TALLAHASSEE, FLORIDA

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B. McKnight / DEC 15 1997

ARTICLES OF INCORPORATION

of

Mundial Beauty Supplies Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Mundial Beauty Supplies Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares ( ) of One Dollar Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	Mundial Beauty Supplies Inc.		
ADDRESS	6995 NW 50 st		
CITY	Miami	FLORIDA	ZIP 33166

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	Francisco H Parra		
ADDRESS	6995 NW 50 St		
CITY	Miami	FLORIDA	ZIP 33166

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one ( 1.00 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Francisco H Parra		
ADDRESS	6995 NW 50 St		
CITY	Miami	STATE	ZIP 33166
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME	PREPARED BY: WILFREDO J. FLETTES		
ADDRESS	114 MADEIRA AVE.		
CITY	CORAL GABLES, FL 33134	STATE	ZIP
	(305) 446-7779		

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ARTICLE VIII - AMENDMENT.

This certificate of incorporation may be amended in any manner with the laws of the State of Florida.

ARTICLE IX - OFFICERS

The officers of the corporation until the first meeting of the corporation Board of Directors, or until successors are elected, shall be: Francisco H Parra - President Secretary Treasurer

ARTICLE X

This corporation shall be initially governed by the stockholders, notwithstanding other provisions of these Articles of Incorporation. At the discretion of the initial sole stockholder or the successor of all shares of the stockholder, or when there are two or more stockholders owning stock in the corporation, at a meeting held for that purpose, stockholders may elect to operate with a Board of Directors and officers as provided elsewhere in these Articles of Incorporation. At such time there shall be elected a minimum of three directors who shall hold office for one year after their election or until their successors are elected or appointed and have qualified. The stockholders shall also elect such persons to fill the offices of: PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, and such other offices as are permitted by the By-Laws of the corporation. The officers shall serve for one year after their election or until their successors are elected or appointed and have qualified. The manner and form of electing or appointing officers and directors shall be set out in the By-Laws.

ARTICLE XI - ARTICLES V. VOTING RIGHTS

Each holder of par value common stock shall at every meeting of the stockholders be entitled to one vote for each share of the par value common stock of the corporation standing in his name at the time of provided by law.

ARTICLE XII - PREEMPTIVE RIGHTS

Each stockholder shall have preemptive rights. Every shareholders, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share at the price at which it is offered to others.


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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Francisco H Parra		
ADDRESS	6995 NW 50 St		
CITY	Miami	STATE	ZIP 33166
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 12th day of December, 1997.

  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF Miami - Dade ) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared  
Francisco H Parra

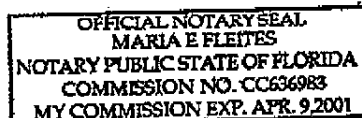
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 12th day of December, 1997.

(Notary Seal)

  
(Notary Public, State of Florida at Large)

My Commission expires:



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**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

***CERTIFICATE OF REGISTERED AGENT***

***OF***

**Mundial Beauty Supplies Inc.**

***(name of corporation)***

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 6995 NW 50 ST

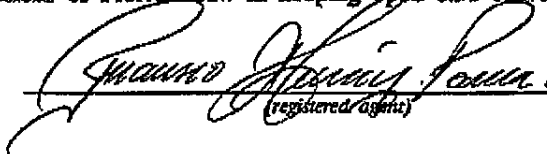
miami Fl 33166

has named Francisco H Parra

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

***ACKNOWLEDGEMENT***

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FORM 215: CERTIFICATE & ACKNOWLEDGEMENT  
REGISTERED AGENT

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