

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY 20 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038487 (3)

1. Corporation Name

KENTSHEP ENTERPRISES REINSTATEMENT 95-97



Principal Place of Business

Mailing Address

SUPERSTAR HAIR DESIGNS
41522 QUAIL ROOST DR.
MIAMI FL 33162

SUPERSTAR HAIR DESIGNS
41522 QUAIL ROOST DR.
MIAMI FL 33157

3. Date Incorporated or Qualified
05/28/1993

3a. Date of Last Report
12/11/1995

2. Principal Place of Business

21 HAIR TIME

2a. Mailing Address

26 Robin Sheppard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 20505 S. Dixie Highway

27 7321 SW 173 St

City & State

City & State

23 Miami, Fla

28 Miami

Zip

Country

Zip

Country

24 33189 25 DADE

29 33157 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROBIN
10011 SW 134TH CT.
MIAMI FL 33177

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

7321 SW 173 St

84

City MIAMI

FL

85

Zip Code 33157

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 607.0508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIAMI FL 33177

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Agent

CR2E034 (12/95)