

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000064108 (9)

1. Corporation Name
ACE EDUCATION, INC.



Principal Place of Business
**C/O KRONGOLD AND TODD, P.A.
 201 ALHAMBRA CIRCLE, EIGHTH FLOOR
 CORAL GABLES FL 33134**

Mailing Address
**C/O KRONGOLD AND TODD, P.A.
 201 ALHAMBRA CIRCLE, EIGHTH FLOOR
 CORAL GABLES FL 33134-5107**

3. Date Incorporated or Qualified **07/31/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business
 21 **16698 NW 54th Ave**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **16698 NW 54th Ave**
 Suite, Apt. #, etc.

4. FEI Number **65-0696386** Applied For
 Not Applicable

22 City & State
Miami, FL

27 City & State
Miami, FL

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

23 Zip **33014** Country **VSA**

28 Zip **33014** Country **VSA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, GARRY B
 201 ALHAMBRA CIRCLE, 6TH FLOOR
 CORAL GABLES FL 33134**

81 Name **Allison Sokol**
 82 Street Address (P.O. Box Number is Not Acceptable)
**C/O Magic Box, Inc.
 16698 NW 54th Ave**
 83 City **Miami** FL 85 Zip Code **33014**

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

Allison Sokol
 (NOTE: Registered Agent signature required when reinstating)

4-25-97
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

1.1 TITLE	1.1 NAME	1.1 STREET ADDRESS	1.1 CITY-ST-ZIP	Change	Addition
	P Kim Wilhjelm	16698 NW 54th Ave	Miami, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D Ronald Krongold	16698 NW 54th Ave	Miami, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D Israel Fintz	16698 NW 54th Ave	Miami, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: *[Signature]*

4-25-97 305-622-3334

CR2E034 (9/96)