

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

**FILED**

**Jun 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: 16698 NW 54TH AVE, 201 ALHAMBRA CIRCLE, EIGHTH FLOOR, MIAMI FL 33014, US

Mailing Address: 16698 NW 54TH AVE, 201 ALHAMBRA CIRCLE, EIGHTH FLOOR, MIAMI FL 33014, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 16698 NW 54th Ave, 22 Miami FL, 23 33014, 24 Dude, 25

2a. Mailing Address: 26 16698 NW 54th Ave, 27 Miami FL, 28 33014, 29 Dude, 30

3. Date Incorporated or Qualified: 07/31/1996

4. FEI Number: 65-0696386

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: SOKOL, ALLISON, C O MAGIC BOX, INC., 16698 NW 54TH AVE, MIAMI FL 33014

81 Name: Kim Wilhjelm

82 Street Address (P.O. Box Number is Not Acceptable): 309 S. 57th Terr.

84 City: Hollywood, FL, 85 Zip Code: 33023

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: Kimberly Wilhjelm - President - 65-98

12. OFFICERS AND DIRECTORS

TITLE	P	WILHELM, KIM	<input type="checkbox"/> DELETE
NAME		16698 NW 54TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	D	RONALD KROGOLD	<input checked="" type="checkbox"/> DELETE
NAME		16698 NW 54TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	D	FINTZ, ISRAEL	<input checked="" type="checkbox"/> DELETE
NAME		16698 NW 54TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

70000255127  
-06/15/98-01007-026  
\*\*\*158.75

14. I 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 checked, or on the attachment with an address.

SIGNATURE: 4-28-98 205-1-22-3334

CR2E034 (10/97)