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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047223 (9)

ALL AMERICAN EDUCATION CONSULTANTS. INC. Principal Place of Business Mailing Address 1736 EAST COMMERCIAL BLVD. 1736 EAST COMMERCIAL BLVD. FT. LAUDERDALED FL 33334 FT. LAUDERDALED FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number TYC W. HILLSBORD BLUD 59-3322608 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing BUNCH, FR DURFIELL Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible KSA Yes 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KUPERSTEIN, STANLEY H 1428 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 6TH FLOOR 83 **MIAMI FL 33131** R4 City Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE KASSIN, ALISSA MAME 1.2 NAME 1736 E COMMERCIAL BLVD STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE KASSIN. KENNETH MD 2.2 NAME NAME 1736 E COMMERCIAL BLVD STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2. 4 City-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELFTE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6 4 CITY - ST - ZIP CITY-ST-ZIP

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 trusted 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, onon an attachment with an address.

SIGNATURE:

Applied For

☐ No

Not Applicable

FILED

Apr 01 1998 8:00am

Secretary of State