

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
23 Miami, FL

27 City & State
28 Miami, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33014
25 Country USA

29 Zip 33014
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHWARTZ, GARRY B
201 ALHAMBRA CIRCLE, 8TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name Allison Sokol
82 Street Address (P.O. Box Number is Not Acceptable)
83 C/O Magic Box, Inc.
16698 NW 54th Ave
84 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	
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	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Kim Wilhjelm
1.3 STREET ADDRESS	16698 NW 54th Ave
1.4 CITY - ST - ZIP	Miami, FL 33014
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Ronald Krongold
2.3 STREET ADDRESS	16698 NW 54th Ave
2.4 CITY - ST - ZIP	Miami, FL 33014
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Israel Fintz
3.3 STREET ADDRESS	16698 NW 54th Ave
3.4 CITY - ST - ZIP	Miami, FL 33014
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)