

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G51265** (8)  
1. Corporation Name  
**THE ARIES INSURANCE COMPANY**



Principal Place of Business: 560 N.W. 165TH ST. RD. MIAMI FL 33169-6305  
Mailing Address: 560 N.W. 165TH ST. RD. MIAMI FL 33169-6305

2. Principal Place of Business: 21 [ ]  
22 [ ]  
23 [ ]  
24 [ ]  
25 [ ]  
26 [ ] P.O. BOX 693760  
27 [ ]  
28 [ ] MIAMI, FL  
29 [ ] 33269-0760 30 [ ]

3. Date Incorporated or Qualified: 07/26/1983  
3a. Date of Last Report: 04/18/1995  
4. FEI Number: 59-2322274  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]  
85 Zip Code: FL [ ]

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of the principal officer or director of the corporation

Signature of the registered agent or his/her personal representative

DATE

12. OFFICERS AND DIRECTORS

|                |                        |            |
|----------------|------------------------|------------|
| TITLE          | PD                     | [ ] DELETE |
| NAME           | FRAYND, PAUL           |            |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. |            |
| CITY- ST- ZIP  | NORTH MIAMI FL         |            |
| TITLE          | VD                     | [ ] DELETE |
| NAME           | FRAYND, GLADYS         |            |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. |            |
| CITY- ST- ZIP  | NORTH MIAMI FL         |            |
| TITLE          | STD                    | [ ] DELETE |
| NAME           | FRAYND, FANNY          |            |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. |            |
| CITY- ST- ZIP  | NORTH MIAMI FL         |            |
| TITLE          | CD                     | [ ] DELETE |
| NAME           | FRAYND, MARCOS         |            |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. |            |
| CITY- ST- ZIP  | NORTH MIAMI FL         |            |
| TITLE          | VD                     | [ ] DELETE |
| NAME           | FRAYND, SAUL           |            |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. |            |
| CITY- ST- ZIP  | NORTH MIAMI FL         |            |
| TITLE          | D                      | [ ] DELETE |
| NAME           | FRAYND, TAMARA         |            |
| STREET ADDRESS | 560 NW 165 STREET RD.  |            |
| CITY- ST- ZIP  | MIAMI FL 33169         |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                         |
|-------------------|-------------------------|
| 11 TITLE          | [ ] Change [ ] Addition |
| 12 NAME           |                         |
| 13 STREET ADDRESS |                         |
| 14 CITY- ST- ZIP  |                         |
| 21 TITLE          | [ ] Change [ ] Addition |
| 22 NAME           |                         |
| 23 STREET ADDRESS |                         |
| 24 CITY- ST- ZIP  |                         |
| 31 TITLE          | [ ] Change [ ] Addition |
| 32 NAME           |                         |
| 33 STREET ADDRESS |                         |
| 34 CITY- ST- ZIP  |                         |
| 41 TITLE          | [ ] Change [ ] Addition |
| 42 NAME           |                         |
| 43 STREET ADDRESS |                         |
| 44 CITY- ST- ZIP  |                         |
| 51 TITLE          | [ ] Change [ ] Addition |
| 52 NAME           |                         |
| 53 STREET ADDRESS |                         |
| 54 CITY- ST- ZIP  |                         |
| 61 TITLE          | [ ] Change [ ] Addition |
| 62 NAME           |                         |
| 63 STREET ADDRESS |                         |
| 64 CITY- ST- ZIP  |                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/96

(305)945-9200

CR2E034 (12/95)