

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

FILED

**Apr 23 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 # G51265 (8)

1. Corporation Name
THE ARIES INSURANCE COMPANY



| | |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business 560 N.W. 165TH ST. RD. MIAMI FL 33169-8305 | Mailing Address PO BOX 683760 MIAMI FL 33289-0760 US |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Country |
| 24. Country | 29. Zip |
| 25. Country | 30. Country |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 07/26/1983 | 3a. Date of Last Report 04/08/1996 |
| 4. FEI Number 59-2322274 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

| |
|--------------------------------------------------------|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FRAYND, PAUL | |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FRAYND, GLADYS | |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | FRAYND, FANNY | |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | FRAYND, MARCOS | |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FRAYND, SAUL | |
| STREET ADDRESS | 560 N.W. 165TH ST. RD. | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | D | <input type="checkbox"/> 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

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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:  PAUL FRAYND, PRES. 04/15/97 (305)945-9200

CR2E034 (9/96)