

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90155 018 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G51265

1. Corporation Name
THE ARIES INSURANCE COMPANY

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

Mailing Address
PO BOX 693760
MIAMI FL 33269-0760
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1983	Applied For Not Applicable
4. FEI Number 59-2322274	
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	FL 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED PAUL FRAYND PRESIDENT 4/01/99 (305) 945-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)