

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

'95 APR 18 PM 5:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1983

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

21 560 N.W. 165TH ST. RD.

2a. Mailing Address

26 P.O. BOX 693760

4. FEI Number

59-2322274

Applied For

☐ Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 33169-6305

Zip

Country

29 33269-0760

8. This corporation has liability for intangible tax under S. 192.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

Signature of Registered Agent (Required if Agent is not a shareholder)

Signature of Registered Agent (Required if Agent is not a shareholder)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/95

Date

(305)945-9200

Telephone Number