FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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 33169-6305

Mailing Address
560 N.W. 165TH ST. RD.
MIAMI FL 33169-6305

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 P.O.BOX 693760
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL
Zip 29 33269-0760 | Country 30

3. Date Incorporated or Qualified: 07/26/1983

3a. Date of Last Report: 04/18/1995

4. FEI Number: 59-2322274 — Applied For / Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — 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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 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] 04/03/96 (305)945-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #