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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G51265

(8)

THE ARIES INSURANCE COMPANY

FILED
Apr 23 1997 8:00am
Secretary of State



Principal Prace of Business Mailing Address						[0.05] 0.04 3]	AIBH AIGH Air	iki dajmiri militis i	ALOH IDAL
•	SSTH ST. RD.	PO BOX 693760							
MIAMI FL 33		MIAMI FL 33269-0760				-			
		US				3. Date Incorporated or Qualified 07/26/1983		of Last Re 8/1996	port
2. Principa	l Place of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
1]		26				59-2322274		No	t Applicabl
Suite, Ap	ot. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & St	tate	City & State				6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		ountry		8. This corporation has liability for			199.032,
4	25	29	30			Florida Statutes 10. Name and Address of New Re	Yes		
	9. Name and Address of Curre	ur Hedisteled Adeut	****	81	Name	10. Name and Address of New As	Sisteron V	Tour.	
	HE INSURANCE COMMISSIONER				1401/10				
	HE CAPITOL BUILDING			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
1/	ALLAHASSEE FL 32399			83					
				84	City		FL	85 Zip (Code
ia	10	00 CO2 1500 Florido D	tak taa tha			annation authority this statement for the s		hanging it	c registers
n. Pursua office c	int to the provisions of Sections 607.05 or registered agent, or both, in the Stat	uz and 607.1508, Florida Si e of Florida Such change v	.atutes, trie vas authoriz	ed by	the corporat	poration submits this statement for the ption's board of directors. I hereby acce	pt the appo	intment as	registered
agent.	I am familiar with, and accept the oblig	gations of, Section 607.0505	5, Florida St	tatutes	3 .	•			-
SIGNATUR	E				u				
	Signature, typiid or printed name of registered ag				ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SEDS AND I	DECTOR	S (N) 12
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to a leastly county that the minimum supplied with minimum outs not quality for the exemption stated in section (19.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplimental 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 tustee in powered 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.

PAUL FRAYND, PRES. SIGNATURE:

04/15/97

(305)945-9200

Dayt me Phone #