

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
580 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2322274	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRAYND, PAUL	
STREET ADDRESS	580 N.W. 165TH ST. RD.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRAYND, GLADYS	
STREET ADDRESS	580 N.W. 165TH ST. RD.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FRAYND, FANNY	
STREET ADDRESS	580 N.W. 165TH ST. RD.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRAYND, MARCOS	
STREET ADDRESS	580 N.W. 165TH ST. RD.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRAYND, SAUL	
STREET ADDRESS	580 N.W. 165TH ST. RD.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAYND, TAMARA	
STREET ADDRESS	580 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

SIGNATURE:

PAUL FRAYND, PRES. 04/01/98 (305)945-9200

CR2E034 (10/97)