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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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	Mailing Address
560 N.W. 165TH ST. RD. MIAMI FL 33169-6305	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.**
Suite, Apt. #, etc. 22
City & State 23 **MIAMI, FL.**
Zip 24 **33169-6305** County 25

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FRAYND, PAUL	12 NAME		
STREET ADDRESS	560 N.W. 165TH ST. RD.	13 STREET ADDRESS		
CITY ST ZIP	NORTH MIAMI FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FRAYND, GLADYS	22 NAME		
STREET ADDRESS	560 N.W. 165TH ST. RD.	23 STREET ADDRESS		
CITY ST ZIP	NORTH MIAMI FL	24 CITY ST ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	FRAYND, FANNY	32 NAME		
STREET ADDRESS	560 N.W. 165TH ST. RD.	33 STREET ADDRESS		
CITY ST ZIP	NORTH MIAMI FL	34 CITY ST ZIP		
TITLE	CD	41 TITLE		☐ Change ☐ Addition
NAME	FRAYND, MARCOS	42 NAME		
STREET ADDRESS	560 N.W. 165TH ST. RD.	43 STREET ADDRESS		
CITY ST ZIP	NORTH MIAMI FL	44 CITY ST ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	FRAYND, SAUL	52 NAME		
STREET ADDRESS	560 N.W. 165TH ST. RD.	53 STREET ADDRESS		
CITY ST ZIP	NORTH MIAMI FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FRAYND, TAMARA	62 NAME		
STREET ADDRESS	560 NW 165 STREET RD.	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33169	64 CITY ST ZIP		

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)(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: _____ 04/13/95 (305)945-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184378 CP