

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 PM 12: 01

DOCUMENT # J81506 (4)

1. Corporation Name
THE ARIES INSURANCE GROUP, INC.

Principal Place of Business 500 NW 165TH ST. RD. N. MIAMI FL 33169 US	Mailing Address P. O. BOX 693760 MIAMI FL 33269-0760 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/06/1987	3a. Date of Last Report 04/25/1984
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4. FEI Number 65-0097200	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**FRAYND, PAUL
560 N.W. 165TH ST.ROAD
N.MIAMI FL 33169**

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRAYND, PAUL
STREET ADDRESS	560 N.W. 165TH ST.ROAD
CITY - ST - ZIP	N.MIAMI FL
TITLE	STD
NAME	FRAYND, SAUL
STREET ADDRESS	560 N.W. 165TH ST.ROAD
CITY - ST - ZIP	N.MIAMI FL
TITLE	D
NAME	FRAYND, MARCOS
STREET ADDRESS	560 N.W. 165TH ST.ROAD
CITY - ST - ZIP	N.MIAMI FL
TITLE	D
NAME	FRAYND, FANNY
STREET ADDRESS	560 NW 165TH STREET ROAD
CITY - ST - ZIP	N.MIAMI FL
TITLE	D
NAME	FRAYND, GLADYS
STREET ADDRESS	560 NW 165TH STREET ROAD
CITY - ST - ZIP	N.MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 the attachment with an addressee.

SIGNATURE: Paul Fraynd 04/01/95 (305) 945-9200
Signature and Typed or Printed Name of Signing Officer or Director Date Expiration 1 Year