


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

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90033 003 \*\*\*150.00

0001363

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F98000006078

1. Corporation Name  
GRIFFON GRAPHICS, INC.

Principal Place of Business 1250 RENE-LEVESQUE BLVD. WEST. SUITE 1400 MONTREAL QUEBEC H3B 5E9	Mailing Address 1250 RENE-LEVESQUE BLVD. WEST. SUITE 1400 MONTREAL QUEBEC H3B 5E9
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1998	4. FEI Number 13-3142119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Trust Fund Contribution <input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent MORANTE, THOMAS F 777 BRICKELL AVENUE, SUITE 500 MIAMI FL 33131-2803	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	D/P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DES MARAIS, PIERRE II	1.2 NAME	DES MARAIS, PIERRE II
STREET ADDRESS	600 DE MAISONNEUVE BLVD. WEST SUITE 3200	1.3 STREET ADDRESS	600 DE MAISONNEUVE BLVD. WEST SUITE 3200
CITY-ST-ZIP	MONTREAL QUEBEC H3A 3J2	1.4 CITY-ST-ZIP	MONTREAL, QUEBEC H3A 3J2
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, PIERRE	2.2 NAME	
STREET ADDRESS	600 DE MAISONNEUVE BLVD. WEST SUITE 3200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUEBEC H3A 3J2	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABOURIN, DENIS	3.2 NAME	
STREET ADDRESS	600 DE MAISONNEUVE BLVD. WEST SUITE 3200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUEBEC H3A 3J2	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

03/25/99

514 284-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #