

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90028 050 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000084979**

1. Corporation Name  
**THE GRIFO GROUP, INC.**



Principal Place of Business 1111-KANE CONCOURSE-SUITE-506 BAY HARBOR ISLAND-FL-33154	Mailing Address 1111 KANE CONCOURSE-SUITE-506 BAY HARBOR ISLAND-FL-33154
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/01/1997</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0785434</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>686 NE 74th St.</b>	2a. Mailing Address 26 <b>686 NE 74th St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>Miami-FL</b>
City & State 23 <b>Miami FL</b>	City & State
Zip 24 <b>33138</b>	Country 25 <b>Miami-Dade</b>
	29 <b>33138</b>
	30 <b>Miami-Dade</b>

9. Name and Address of Current Registered Agent  
**BLUM, SAMUEL SPENCER**  
**2666 TIGERTAIL AVENUE SUITE 106**  
**COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFO, JERRY F</b>	
STREET ADDRESS	<b>1111-KANE CONCOURSE-SUITE-506</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND-FL-33154</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MATTHEWS, DOUGLAS E</b>	
STREET ADDRESS	<b>1111-KANE CONCOURSE-SUITE 506</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL 33154</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>686 NE 74th St</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33138</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>686 NE 74th St</b>
2.4 CITY-ST-ZIP	<b>Miami, FL 33138</b>
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, with all other like empowered.

SIGNATURE: *Matthews* **Matthews** **2/5/99** **305-868-1226**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)