

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**APPROVED
AND
FILED**

96 SEP -4 PM 12:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996

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



DOCUMENT # **G77017 (3)**
 1. Corporation Name
WEBSTER GRAPHICS INTERNATIONAL CORPORATION



Principal Place of Business: **C/O Auto-Gráfica Corp**
8401 NORTHWEST 53RD STREET
STE 109 SBA HOBART ST
MIAMI FL 33166 HACKENSACK, NJ 07601

Mailing Address: **C/O Auto-Gráfica Corp**
8401 NORTHWEST 53RD STREET
STE 109 SBA HOBART ST
MIAMI FL 33166 HACKENSACK, NJ 07601

2. Principal Place of Business: **8401 NW 53RD TER #109 MIAMI, FL 33166**
 2a. Mailing Address: **SBA HOBART ST - HACKENSACK, NJ 07601**

21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country: **USA**

25. City & State
 26. Zip
 27. Country: **BERGEN**

3. Date incorporated or Qualified: **01/03/1984**
 3a. Date of Last Report: **08/25/1995**

4. FEI Number: **65-0255697**
 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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
REICH, DONALD
8401 NW 53RD STR
STE-109
MIAMI, FL 33166
8401 NW 53RD TER #109
MIAMI, FL 33166

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: **FL**

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 _____ (Name) _____ (Title)
 Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when in state of GA)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, GEORGE R.	
STREET ADDRESS	CAIXA POSTAL 2735	
CITY - ST - ZIP	RIO DE JANEIRO BR	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	D'AMBROSO, FRANK A	
STREET ADDRESS	58-A HOBART STREET	
CITY - ST - ZIP	HACKENSACK NJ 07601	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HALL RUTH C.	
STREET ADDRESS	CAIXA POSTAL 2735	
CITY - ST - ZIP	RIO DE JANEIRO BR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REICH, DONALD	
STREET ADDRESS	40 W RIDGEWOOD AVE.	
CITY - ST - ZIP	RIDGEWOOD, NJ 07450	
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

11. TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	HALL, RUTH C.	
13. STREET ADDRESS	CAIXA POSTAL 2735	
14. CITY - ST - ZIP	RIO DE JANEIRO BR	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

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 ****225.00 ****225.00

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)(k), Florida Statutes, 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in a title agreement with an address.

SIGNATURE: **Frank A. D'Ambrosio** **8/28/96 201343-8585**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (3/96)