


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90018 039 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G77017 ✓
 1. Corporation Name
WEBSTER GRAPHICS INTERNATIONAL CORPORATION



Principal Place of Business C/O AUTO GRAFICA CORP 58A HOBART STREET HACKENSACK NJ 07601	Mailing Address C/O AUTO GRAFICA CORP 58A HOBART STREET HACKENSACK NJ 07601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 184 Rivervale Road Suite, Apt. #, etc.	2a. Mailing Address 26 184 Rivervale Road Suite, Apt. #, etc.
22 City & State 23 Rivervale, NJ Zip 07675	27 City & State 28 Rivervale, NJ Zip 07675
24 Country 25 USA	30 Country 30 USA

3. Date Incorporated or Qualified 01/03/1984	
4. FEI Number 65-0255697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
REICH, DONALD
~~8401 NW 33 TER~~ 9450 S.W. 72nd Street
~~STE 109~~ Suite:104
~~MIAMI FL 33186~~ Miami, FL 33173

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	HALL, RUTH C	
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	58A HOBART STREET	
CITY-ST-ZIP	HACKENSACK NJ 07601	
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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	184 Rivervale Road
2.4 CITY-ST-ZIP	Rivervale, NJ 07675
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.

SIGNATURE: SIGNATURE OF REGISTERED AGENT Date: 8/04/99 Daytime Phone #: 201-445-7385

CR2E034 (5/99)