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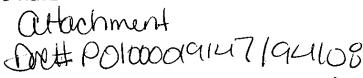
2002 UNIFORM BUSINESS REPORT (VBR)

changed, or on an attachmen

SIGNATURE:

Jun 19, 2002 8:00 am Secretary of State P01000019147 DOCUMENT # 05-21-2002 91205 009 ***150.00 1. Entity Name SILVA STUDIO PHOTO & FRAME ART CORP. Mailino Address Principal Place of Business 1252 WEST 68TH STREET 1252 WEST 68TH STREET HIALEAH FL 33014 HIALEAH FL 33014 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75.Additional Country Zφ 6. -Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVA, HECTOR Stroot Address (P.O. Box Number is Not Acceptable) 6496 WEST 12 COURT HIALEAH FL 33012 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$160.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/0 ☐ Change C Deleta TITLE NAME SILVA. HECTOR NAME . CR2E034 STREET ADDRESS 6496 WEST 12 COURT STREET ADORESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Addition ☐ Change THLE Deleta DILÉ NAME NAME SILVA, RITA M STREET ADDRESS 6496 W 12 COURT STREET ADDRESS CITY-ST-ZIP : CITY-ST-7# HIALEAH FL-33012 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Change Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 report are required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STEUE & YUDNNE



Department of Treasury Internal Revenue Service Philadelphia Service Center

Fax Message

Date:

April 27, 2001

To:

STEVE ARBOGAST

Phone Number:

Fax Number:

954-755-5545

From: Teletin, Joanne Devine

Address:

11601 Roosevell Blvd, DP 8125

Philadelphia, PA 19154

Phone:

(215) 516-6999

Fax Number:

(215) 516-3990

Subject: Per your request, your employer identification number is 52-2312246

GEMTEK PRODUCTS FLORIDA INC

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APR-29-2001 09:17

Internal Revenue Ser

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