

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000102545**

1. Entity Name

GINKGO INCORPORATED**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90032 034 ***150.00

600167

DO NOT WRITE IN THIS SPACE

Principal Place of Business 21085 NE 34TH AVE SUITE 302 NORTH MIAMI BEACH FL 33180 US	Mailing Address 21085 NE 34TH AVE SUITE 302 NORTH MIAMI BEACH FL 33180-3531 US
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2. Principal Place of Business 21085 NE 34 AV.		3. Mailing Address 21085 NE 34 AV.	
Suite, Apt. #, etc. 302		Suite, Apt. #, etc. 302	
City & State NORTH MIAMI BEACH FL.		City & State NORTH MIAMI BEACH FL.	
Zip 33180	Country U.S.A.	Zip 33180	Country U.S.A.

4. FEI Number 65-0911699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARQUEZ, WALTER N 21085 N.E. 34TH AVENUE STE. 302 NORTH MIAMI BEACH FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable MARQUEZ, WALTER N	(NOTE: Registered Agent signature required when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACEIGNE, GABRIEL R SARMIENTO 2265 MONTEVIDEO, URUGUAY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MARQUEZ, WALTER N 21085 N.E. 34TH AVENUE STE. 302 NORTH MIAMI BEACH FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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13. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter N Marquez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/15/2000	Daytime Phone # 305 935 2425
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