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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90142 016 ***150.00

DOCUMENT # P14211 1. Corporation Name KINASHA CORPORATION, N.V.

Principal Place	of Business	Mailing Address				- - I (BO)11801 181 1301: 01018 11001 11001 1101 01	#11 #1#11 #1#11 #1 #	[{ B] 41 1011 4601
100 PINE STREET SUITE 3225		100 PINE STREET SUITE 3225 SAN FRANCISCO CA 94111		DO NOT WRITE IN T	HIS SPACE			
SAN FRANCISCO CA 94111 SAN FRANCISCO CA 94111 US US						3. Date Incorporated or Qualifed		
						04/08/1987		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				98-0060343	 	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee I	Required
City & State		City & State			-	6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Countr	y		8. This corporation owes the current year	Intangible	
24	25 29 30		1			Personal Property Tax.	∐Yes	MNo
	9. Name and Address of Current					10. Name and Address of New Register	ed Agent	
			81	1 Na	ame			
REGENCY REALTY GROUP, INC.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
ATTN: ROBERT L. MILLER VARD			uz oaroariaari			,		
121 W. FORSYTH ST., SUITE 200			83	3				
JACI	(SONVILLE FL 32202		84	4 Ci	tv		85 Zi	Code
		_			•		- L ()	
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.								ts registered registered
SIGNATURE Stonature, byted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								{
	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent sign	arura required v	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	P	DELETE	1.1 TITLE		. [7,001101070101102010 011102110	☐ Chang	
NAME	MURDAYA, HARTATI		1.2 NAME					
STREET ADDRESS	100 PINE STREET #3225		1.3 STREE		RESS			\ \
CITY-ST-ZIP			1.4 CITY					}
TITLE			2.1 TITLE				☐ Chang	e Addition
NAME	I		2.2 NAME	•	İ			i
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NAME	MURDAYA, WIDYAWIMARTA 3.21		3.2 NAME	:				
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NAME			5.2 NAME		DECC			\ \frac{1}{2}
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TITLE		™ nereie	6.2 NAME					
NAME			6.3 STREE		RESS			
STREET ADDRESS		•	ľ	CT 710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			}

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR