


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<p><i>Page 1 of 2</i></p> <p>96 DEC 30 AM 10:22</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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DOCUMENT # P95000043469

1. Corporation Name

The Property Network, Inc.  
**1996 Annual Report**

Principal Place of Business

Mailing Address

110 - 20th Street  
 Miami Beach FL 33139

9 Island Ave #401  
 Miami Beach, FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

6/6/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0583413

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Alessandro Ferretti	9 Island Ave #401	Miami Beach, FL 33139

200002045942--4  
 -01/03/97--01175--004  
 \*\*\*\*200.00 \*\*\*\*200.00

*Clallan*  
 12/30/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

\* WLMC Registered Agents, Inc.  
 701 Brickell Ave Suite 2000  
 Miami, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Jeff X Madh, VP*  
 REGISTERED AGENT MUST SIGN

Date 12/24/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*

DEC 26 96 305 6725152

CR2040 (12/95)

page 2 of 2

December 18, 1996

Florida Department of State  
Division of Corporations  
P. O. Box 6327

Re: Document # P95000043469  
The Property Network, Inc.

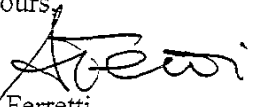
Dear Sir/ Madam:

This is to explain that due to an error in the mailing address, I never received the first and second notice for filing the annual report. Accordingly, you mailed the notices to 110-10<sup>th</sup> street, instead of 110-20<sup>th</sup> street.

Please, notice that our new mailing address for 1997 will be 9 Island Ave. Apt # 401.  
Miami Beach, Fl 33139.

I apologized for any inconvenience, this may cause you. Thank you in advance for your understanding.

Sincerely yours,



Alessandro Ferretti  
Director, Property Network, Inc.