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

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90049 015 ***150.00

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DOCUMENT # V22017

1. Corporation Name
RODIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
13262 SW 52ND TERRACE MIAMI FL 33175 US	13262 SW 52ND TERRACE MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/18/1992

2. Principal Place of Business	2a. Mailing Address
21 128 POWDER RIDGE DR.	26 P.O. BOX 6010
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BRECKENRIDGE, CO	City & State 28 BRECKENRIDGE, CO
Zip 24 80424 Country 25 USA	Zip 29 80424 Country 30 USA

4. FEI Number: 54-1617307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MICHAEL E. RODIN 13262 S.W. 52ND TERRACE MIAMI FL 33175 MICHAEL E. RODIN 1798 THOMASVILLE RD. TALLAHASSEE, FL 32303	81 Name: MICHAEL E. RODIN 82 Street Address (P.O. Box Number is Not Acceptable): [redacted] 83 [redacted] 84 City [redacted] 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	DPT ☒ Change ☐ Addition
NAME	RODIN, MICHAEL E.	1.2 NAME	RODIN, MICHAEL E.
STREET ADDRESS	13262 SW 52ND TERRACE	1.3 STREET ADDRESS	128 POWDER RIDGE DRIVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	BRECKENRIDGE, CO 80424
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Michael E. Rodin — 4/22/99 — (970) 453-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #