


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90195 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768997**

1. Corporation Name

**BUTTERFLY COOP CORP., INC.**

Principal Place of Business  
 30695 SW 162 AVE  
 HOMESTEAD FL 33030

Mailing Address  
 30695 SW 162 AVE  
 HOMESTEAD FL 33030



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/20/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2456082	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**KATHY SITES**  
**645 SW 6 TERRACE**  
**FLORIDA CITY FL 33034**

10. Name and Address of New Registered Agent

81 Name	Susy Gauthier	
82 Street Address (P.O. Box Number is Not Acceptable)	28300 SW 163 Ave	
83		
84 City	Homestead	FL
85 Zip Code	33033	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

*Susy Gauthier*

(NOTE: Registered Agent signature required when reinstating)

April 23-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE, HYDE		1.2 NAME	Zinida Miao	
STREET ADDRESS	21411 SW 248 ST.		1.3 STREET ADDRESS	18850 SW 304 St.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ELLEN REEVES		2.2 NAME	Kelley Kagele	
STREET ADDRESS	25790 SW 123 AVE.		2.3 STREET ADDRESS	100 NE 6 Ave #220	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY SITES		3.2 NAME	Zusann Jarrin	
STREET ADDRESS	645 SW 6 TERRACE		3.3 STREET ADDRESS	8460 SW 154 Cir. Ct. #124	
CITY-ST-ZIP	FLORIDA CITY FL 33034		3.4 CITY-ST-ZIP	Miami, FL 33193	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Donna Ruister	
STREET ADDRESS			4.3 STREET ADDRESS	22401 SW 184 Ave	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33170	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 617, 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:

*Zusann Jarrin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(35)

338-9067

Daytime Phone #

CR2E037 (11/98)