

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

05 MAY 1994 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H20755** (5)  
1. Corporation Name  
**VINCAM HUMAN RESOURCES, INC.**

Principal Place of Business Mailing Address  
**2850 DOUGLAS RD. 2850 DOUGLAS RD.**  
**CORAL GABLES FL 33134 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 20 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**09/10/1984 04/29/1994**  
4. FEI Number Applied For  
**59-2452825** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HARRIS, CHRISTINA D., ESQ.**  
**2850 DOUGLAS RD.**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **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 fee if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>TOP</b>
NAME	<b>SANCHEZ, JOSE M.</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>D</b>
NAME	<b>SALADRIGAS, CARLOS A.</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>D</b>
NAME	<b>LIGHT, RICHARD B.</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>S</b>
NAME	<b>HARRIS, CHRISTINA D., ESQ.</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>600001498126</b>
1.4 CITY - ST - ZIP	<b>-05/24/95--01052--002</b>
2.1 TITLE	<b>***2000.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>***200.00</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REMITTED BY MAY 1**