

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 30 1996 8:00 am
Secretary of State

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



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

3. Date Incorporated or Qualified: **09/10/1984**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2452825	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRIS, CHRISTINA D., ESQ. 2850 DOUGLAS RD. CORAL GABLES FL 33134				81	Name	William F. Cueto	
				82	Street Address (P.O. Box Number is Not Acceptable)	2850 Douglas Road	
				83			
				84	City	Coral Gables,	85

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: **4/24/96**
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	TDP	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SANCHEZ, JOSE' M.		1.2 NAME	Carlos A. Saladrigas			
STREET ADDRESS	2850 DOUGLAS RD.		1.3 STREET ADDRESS	2850 Douglas Road			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Coral Gables, FL 33134			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SALADRIGAS, CARLOS A.		2.2 NAME	Jose M. Sanchez			
STREET ADDRESS	2850 DOUGLAS RD.		2.3 STREET ADDRESS	2850 Douglas Road			
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	Coral Gables, FL 33134			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer & Secretary	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LIGHT, RICHARD B.		3.2 NAME	Martin J. Perez			
STREET ADDRESS	2850 DOUGLAS RD.		3.3 STREET ADDRESS	2850 Douglas Road			
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	Coral Gables, FL 33134			
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HARRIS, CHRISTINA D., ESQ.		4.2 NAME	William F. Cueto			
STREET ADDRESS	2850 DOUGLAS RD.		4.3 STREET ADDRESS	2850 Douglas Road			
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	Coral Gables, FL 33134			
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	700001801501	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME	-04/30/96--01111---024			
STREET ADDRESS			6.3 STREET ADDRESS	***200.00			
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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.

SIGNATURE: _____ DATE: **4/24/96** (305) 460-2350
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (12/95)

Handwritten signature/initials