

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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 33134-6801
--	---

3. Date Incorporated or Qualified 09/10/1984	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2452825	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**CUETO, WILLIAM F
2850 DOUGLAS RD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
Elizabeth J. Keeler, Secretary
82 Street Address (P.O. Box Number is Not Acceptable)
2850 Douglas Road
83
84 City
Coral Gables 85 Zip Code
FL 33134

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 *Elizabeth J. Keeler* **Elizabeth J. Keeler, Secretary** DATE **1/15/97**
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME SANCHEZ, JOSE' M.	1.1 TITLE Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2850 DOUGLAS RD.	CITY-ST-ZIP CORAL GABLES FL 33134	1.2 NAME Stephen L. Waechter	
		1.3 STREET ADDRESS 2850 Douglas Road	
		1.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE P	NAME SALADRIGAS, CARLOS A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2850 DOUGLAS RD.	CITY-ST-ZIP CORAL GABLES FL 33134	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D	NAME LIGHT, RICHARD B.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2850 DOUGLAS RD.	CITY-ST-ZIP CORAL GABLES FL 33134	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE S	NAME HARRIS, CHRISTINA D., ESQ.	4.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2850 DOUGLAS RD.	CITY-ST-ZIP CORAL GABLES FL 33134	4.2 NAME Elizabeth J. Keeler	
		4.3 STREET ADDRESS 2850 Douglas Road	
		4.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE TS	NAME PEREZ, MARTIN J	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2850 DOUGLAS RD.	CITY-ST-ZIP CORAL GABLES FL 33134	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE AS	NAME CUETO, WILLIAM F	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2850 DOUGLAS RD.	CITY-ST-ZIP CORAL GABLES FL 33134	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Elizabeth J. Keeler* **Elizabeth J. Keeler** DATE **1/15/97** (305) 460-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)