

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90098 011 \*\*\*150.00

0196807

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # H20755**

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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10200 SUNSET DR.	22	26 Same	27	09/10/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
23 MIAMI, FL		28		59-2452825	
City & State		City & State		Applied For	
24 33173		29 MIAMI-DADE		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
25 MIAMI-DADE		30		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MARSTON, ELIZABETH J 2850 DOUGLAS ROAD CORAL GABLES FL 33134		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
				85 Zip Code	
				FL	
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 _____					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE' M.	1.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	1.3 STREET ADDRESS	} Same as above
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALADRIGAS, CARLOS A.	2.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	2.3 STREET ADDRESS	} Same as above
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS A	3.2 NAME	
STREET ADDRESS	2850 DOUGLAS ROAD	3.3 STREET ADDRESS	} Same as above
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSTON, ELIZABETH J	4.2 NAME	
STREET ADDRESS	2850 DOUGLAS ROAD	4.3 STREET ADDRESS	} Same as above
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	TS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MARTIN J	5.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	5.3 STREET ADDRESS	} Same as above
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLEN, JOHN T	6.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	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 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: <i>William F. Curo</i>		DATE: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #	
Asst. Secretary		(305) 630-1000	

CR2E034 (1/198)