

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McWhorter
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 05

DOCUMENT # **H20911**
1. Corporation Name
THE VINCAM GROUP, INC.

(4)

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

3. Mailing Address
**2850 DOUGLAS RD.
CORAL GABLES FL 33134**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation (or assumed)	3a. Date of Last Report
09/10/1984	04/29/1994
4. FEI Number	Applied For Not Applicable
59-2452823	
5. Certificate of Status Desired	<input 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 other reports as defined by Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

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 Applicable)

83.

84. City

85. State **FL**

11. By filing this report, the principal officers and directors of this corporation, the officers and directors of any corporation that this corporation controls, the officers and directors of any corporation that this corporation controls, and the officers and directors of any corporation that this corporation controls, hereby accept the appointment as registered agent. I am filing with the Department of State this report in compliance with Florida Statutes.

12. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY	STATE	ZIP
TD	SANCHEZ, JOSE' M.	2850 DOUGLAS RD. CORAL GABLES FL 33134			
DP	SALADRIGAS, CARLOS A	2850 DOUGLAS RD. CORAL GABLES FL 33134			
S	HARRIS, CHRISTINA D	2850 DOUGLAS RD. CORAL GABLES FL 33134			

TYPE	NAME	STREET ADDRESS	CITY	STATE	ZIP

REMITTED BY MAY 1

14. I, hereby certify that the information supplied with this report is voluntarily furnished and is true and correct 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 officer or trustee empowered to execute this report as required by Chapter 487, Florida Statutes, and that my name appears in Block 12 of this report as required by Florida Statutes.

SIGNATURE: *Carlos A. Saladrigas, Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

5-9-95