

**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 # H20911 (4)**  
1. Corporation Name  
**THE VINCAM GROUP, 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: 59-2452823  
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

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

g. 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 Rd.**  
84. City: **Coral Gables, FL** 85. Zip Code: **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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Elizabeth J. Keeler* **Elizabeth J. Keeler, Secretary 1/15/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, JOSE' M.</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>SALADRIGAS, CARLOS A</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRIS, CHRISTINA D</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, MARTIN J</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>CUETO, WILLIAM F</b>	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chief Financial Officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Stephen L. Waechter</b>	
1.3 STREET ADDRESS	<b>2850 Douglas Road</b>	
1.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Elizabeth J. Keeler</b>	
3.3 STREET ADDRESS	<b>2850 Douglas Rd.</b>	
3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or is changed, or on an attachment with an address.

SIGNATURE: *Elizabeth J. Keeler* **Elizabeth J. Keeler 1/15/97 (305) 4602364**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0182187

CRE034 (9/96)