

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 30 1996 8:00 am**  
Secretary of State

**DOCUMENT # H25724 (6)**

1. Corporation Name  
**VINCAM HUMAN RESOURCES, INC. I**



Principal Place of Business: **9040 SUNSET DR. #70 MIAMI FL 33173-3466**  
Mailing Address: **2850 DOUGLAS RD. CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **10/11/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2452322**  
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. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

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: **William F. Cueto**  
82. Street Address (P.O. Box Number is Not Acceptable): **2850 Douglas Road**  
83.  
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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **William F. Cueto, Associate Counsel** 4/24/96  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS	
TITLE: <b>TD</b>	<b>SALADRIGAS, CARLOS A.</b> <input type="checkbox"/> DELETE
NAME:	<b>2850 DOUGLAS RD.</b>
STREET ADDRESS:	<b>CORAL GABLES FL 33134</b>
CITY-ST-ZIP:	
TITLE: <b>PDD</b>	<b>SANCHEZ, JOSE M.</b> <input type="checkbox"/> DELETE
NAME:	<b>2850 DOUGLAS RD.</b>
STREET ADDRESS:	<b>CORAL GABLES FL 33134</b>
CITY-ST-ZIP:	
TITLE: <b>S</b>	<b>HARRIS, CHRISTINA D.</b> <input type="checkbox"/> DELETE
NAME:	<b>2850 DOUGLAS RD.</b>
STREET ADDRESS:	<b>CORAL GABLES FL 33134</b>
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<b>President-</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	<b>Carlos A. Saladrigas</b>
1.3 STREET ADDRESS:	<b>2850 Douglas Road</b>
1.4 CITY-ST-ZIP:	<b>Coral Gables, FL 33134</b>
2.1 TITLE:	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	<b>Jose M. Sanchez</b>
2.3 STREET ADDRESS:	<b>2850 Douglas Road</b>
2.4 CITY-ST-ZIP:	<b>Coral Gables, FL 33134</b>
3.1 TITLE:	<b>Treasurer &amp; Secretary</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME:	<b>Martin J. Perez</b>
3.3 STREET ADDRESS:	<b>2850 Douglas Road</b>
3.4 CITY-ST-ZIP:	<b>Coral Gables, FL 33134</b>
4.1 TITLE:	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME:	<b>William F. Cueto</b>
4.3 STREET ADDRESS:	<b>2850 Douglas Road</b>
4.4 CITY-ST-ZIP:	<b>Coral Gables, FL 33134</b>
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	<b>400001801974</b>
5.4 CITY-ST-ZIP:	<b>-04/30/96--01111--023</b>
6.1 TITLE:	<b>***200.00</b> <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 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: *[Signature]* 4/24/96 (305) 460-2350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

*[Handwritten signature]*  
4/30/96