

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 # **H25724** (6)
1. Corporation Name
VINCAM HUMAN RESOURCES, INC. I



Principal Place of Business: **9040 SUNSET DR. #70 MIAMI FL 33173-3468**
Mailing Address: **2850 DOUGLAS RD. CORAL GABLES FL 33134-8901**

3. Date Incorporated or Qualified: **10/11/1984** 3a. Date of Last Report: **04/30/1996**
4. FEI Number: **59-2452322** Applied For: Not Applicable
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
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

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: *[Signature]* **Elizabeth J. Keeler, Secretary 1/15/97** DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SALADRIGAS, CARLOS A.
STREET ADDRESS	2850 DOUGLAS RD.
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	VP <input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSE M.
STREET ADDRESS	2850 DOUGLAS RD.
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HARRIS, CHRISTINA D.
STREET ADDRESS	2850 DOUGLAS RD.
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	TS <input type="checkbox"/> DELETE
NAME	PEREZ, MARTIN
STREET ADDRESS	2850 DOUGLAS RD.
CITY - ST - ZIP	CORAL GABLES FL
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	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William F. Cueto
1.3 STREET ADDRESS	2850 Douglas Road
1.4 CITY - ST - ZIP	Coral Gables, FL 33134
2.1 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen L. Waechter
2.3 STREET ADDRESS	2850 Douglas Road
2.4 CITY - ST - ZIP	Coral Gables, FL 33134
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elizabeth J. Keeler
3.3 STREET ADDRESS	2850 Douglas Road
3.4 CITY - ST - ZIP	Coral Gables, FL 33134
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 if appropriate, or on an attachment with an address.

SIGNATURE: *[Signature]* **Elizabeth J. Keeler** 1/15/97 (305) 460-2364
Secretary Date Daytime Phone #

CR2E034 (9/96)