

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 # H25835 (0)

1. Corporation Name
VINCAM HUMAN RESOURCES, INC. II



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**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|---|--|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-2452319 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | | | | | |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | Country | | Country | | | |
| 24 | 25 | 29 | 30 | 8. | This corporation has liability for intangible tax under s 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|--|--|--|--|--|--|--------------------------|-----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HARRIS, CHRISTINA D., ESQ. 2850 DOUGLAS RD. CORAL GABLES FL 33134 | | | | 81 | Name | William F. Cueto | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | 2850 Douglas Road | |
| | | | | 83 | | | |
| | | | | 84 | City | Coral Gables, | 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: **William F. Cueto, Associate Counsel** DATE: **4/24/96**
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALADRIGAS, CARLOS A. | 1.2 NAME | Carlos A. Saladrigas |
| STREET ADDRESS | 2850 DOUGLAS RD. | 1.3 STREET ADDRESS | 2850 Douglas Road |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 1.4 CITY-ST-ZIP | Coral Gables, FL 33134 |
| TITLE | PDD <input type="checkbox"/> DELETE | 2.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANCHEZ, JOSE M. | 2.2 NAME | Jose M. Sanchez |
| STREET ADDRESS | 2850 DOUGLAS RD. | 2.3 STREET ADDRESS | 2850 Douglas Road |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 2.4 CITY-ST-ZIP | Coral Gables, FL 33134 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | Treasurer & Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARRIS, CHRISTINA D. ESQ | 3.2 NAME | Martin J. Perez |
| STREET ADDRESS | 2850 DOUGLAS RD. | 3.3 STREET ADDRESS | 2850 Douglas Road |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 3.4 CITY-ST-ZIP | Coral Gables, FL 33134 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | William F. Cueto |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2850 Douglas Road |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Coral Gables, FL 33134 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Christina D. Harris* DATE: **4/24/96** (305) 460-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

4/30/96