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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H25835**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1984

4. FEI Number

59-2452319

Applied For
 Not Applicable

2. Principal Place of Business

21 10200 Sunset Dr.

2a. Mailing Address

26 Same

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

miami, fl.

28 City & State

28

24 Zip Country

33173

25 miami-Dade

29 Zip Country

29

30

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MARSTON, ELIZABETH J
 2850 DOUGLAS ROAD
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Same as above

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

CEO
 NAME SALADRIGAS, CARLOS A.
 STREET ADDRESS 2850 DOUGLAS RD.
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DELETE

VP
 NAME SANCHEZ, JOSE M.
 STREET ADDRESS 2850 DOUGLAS RD.
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DELETE

S
 NAME MARSTON, ELIZABETH J
 STREET ADDRESS 2850 DOUGLAS RD.
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DELETE

TS
 NAME PEREZ, MARTIN J
 STREET ADDRESS 2850 DOUGLAS RD.
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DELETE

P
 NAME CARLEN, JOHN T
 STREET ADDRESS 2850 DOUGLAS RD
 CITY-ST-ZIP CORAL GABLES FL

TITLE DELETE

CFO
 NAME RODRIQUEZ, CARLOS
 STREET ADDRESS 2850 DOUGLAS ROAD
 CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

} Same as above

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

} Same as above

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

} Same as above

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

} Same as above

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

} Same as above

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William F. Cuffo William F. Cuffo

Date

(305) 630-1000
 Daytime Phone #

CR2E034 (1/198)