

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H25844 (2)
 1. Corporation Name
VINCAM HUMAN RESOURCES, INC. IV



Principal Place of Business 2850 DOUGLAS RD. CORAL GABLES FL 33134	Mailing Address 2850 DOUGLAS RD. CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1984	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2452323	Applied For Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent KEELER, ELIZABETH J. (Name Change only) 2850 DOUGLAS ROAD CORAL GABLES FL 33134				10. Name and Address of New Registered Agent		
				B1 Name Elizabeth J. Marston		
				B2 Street Address (P.O. Box Number is Not Acceptable)		
				B3		
				B4 City	FL	B5 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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE SALADRIGAS, CARLOS A. 2850 DOUGLAS RD. CORAL GABLES FL 33134	1.1 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Carlos A. Saladrigas	
STREET ADDRESS		1.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE VP	<input type="checkbox"/> DELETE SANCHEZ, JOSE M. 2850 DOUGLAS RD. CORAL GABLES FL 33134	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE CFO	<input type="checkbox"/> DELETE WAECHTER, STEPHEN L. 2850 DOUGLAS ROAD CORAL GABLES FL	3.1 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Carlos A. Rodriguez	
STREET ADDRESS		3.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE TS	<input type="checkbox"/> DELETE PEREZ, MARTIN J 2850 DOUGLAS RD. CORAL GABLES FL 33134	4.1 TITLE 600002475628	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME -04/01/98--01079--021	
STREET ADDRESS		4.3 STREET ADDRESS ***150.00	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE CUETO, WILLIAM F 2850 DOUGLAS RD. CORAL GABLES FL 33134	5.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME John T. Carlen	
STREET ADDRESS		5.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE S	<input type="checkbox"/> DELETE KEELER, ELIZABETH J. 2850 DOUGLAS ROAD CORAL GABLES FL	6.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Elizabeth J. Marston	
STREET ADDRESS		6.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Coral Gables, FL 33134	

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.

SIGNATURE: _____ **3/24/98 (305) 460-2350**

CFR2E034 (10/97)