

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 # H25866 (5)

1. Corporation Name
VINCAM HUMAN RESOURCES, INC. III



Principal Place of Business 2850 DOUGLAS RD. CORAL GABLES FL 33134	Mailing Address 2850 DOUGLAS RD. CORAL GABLES FL 33134
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3. Date Incorporated or Qualified 10/11/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2452315	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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,
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 **William F. Cueto, Associate Counsel** DATE **4/24/96**

12. OFFICERS AND DIRECTORS

TITLE TD	<input type="checkbox"/> DELETE
NAME SALADRIGAS, CARLOS A.	
STREET ADDRESS 2850 DOUGLAS RD.	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE PD	<input type="checkbox"/> DELETE
NAME SANCHEZ, JOSE M.	
STREET ADDRESS 2850 DOUGLAS RD.	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE S	<input type="checkbox"/> DELETE
NAME HARRIS, CHRISTINA D. ESQ	
STREET ADDRESS 2850 DOUGLAS RD.	
CITY-ST-ZIP CORAL GABLES FL 33134	
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 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Carlos A. Saladrigas	
1.3 STREET ADDRESS 2850 Douglas Road	
1.4 CITY-ST-ZIP Coral Gables FL 33134	
2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Jose M. Sanchez	
2.3 STREET ADDRESS 2850 Douglas Road	
2.4 CITY-ST-ZIP Coral Gables, FL 33134	
3.1 TITLE Treasurer & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Martin J. Perez	
3.3 STREET ADDRESS 2850 Douglas Road	
3.4 CITY-ST-ZIP Coral Gables, FL 33134	
4.1 TITLE Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME William F. Cueto	
4.3 STREET ADDRESS 2850 Douglas Road	
4.4 CITY-ST-ZIP Coral Gables, FL 33134	
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	

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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

CR2E034 (12/95)

W
4/30/96