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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 # 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 33134-6901

3. Date Incorporated or Qualified: 10/11/1984
3a. Date of Last Report: 04/30/1996
4. FEI Number: 59-2452315
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 Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Zip Country

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, FL 85 Zip Code: 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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elizabeth J. Keeler, Secretary DATE: 1/15/97
(NOTE: Registered Agent signature required when reinstating)

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. ESQ	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	PEREZ, MARTIN J	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CUETO, WILLIAM	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stephen L. Waechter	
1.3 STREET ADDRESS	2850 Douglas Road	
1.4 CITY - ST - ZIP	Coral Gables, FL 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" 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, unchanged, or on an attachment with an address.

SIGNATURE: Elizabeth J. Keeler DATE: 1/15/97 (305) 460-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Daytime Phone #

CR2E034 (9/96)