

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

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**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

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: **10/11/1984**
4. FEI Number: **59-2452315**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
81 Name: **Elizabeth J. Marston**
82 Street Address (P.O. Box Number is Not Acceptable):
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALADRIGAS, CARLOS A.	1.2 NAME	CEO 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	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE M.	2.2 NAME	300002475623
STREET ADDRESS	2850 DOUGLAS RD.	2.3 STREET ADDRESS	-04/01/98--01079--020
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	***150.00
TITLE	CFO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAECHTER, STEPHEN L.	3.2 NAME	CFO Carlos A. Rodriguez
STREET ADDRESS	2850 DOUGLAS ROAD	3.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	TS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MARTIN J	4.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUETO, WILLIAM	5.2 NAME	President John T. Carlen
STREET ADDRESS	2850 DOUGLAS RD.	5.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, ELIZABETH J.	6.2 NAME	Secretary Elizabeth J. Marston
STREET ADDRESS	2850 DOUGLAS ROAD	6.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL	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, 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 in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)