

41097 B 4316 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K75226 (6)**  
 1. Corporation Name  
**VINCAM HUMAN RESOURCES OF MICHIGAN, INC.**

Principal Place of Business <b>2850 DOUGLAS RD. CORAL GABLES FL 33134</b>	Mailing Address <b>2850 DOUGLAS RD. CORAL GABLES FL 33134-6801</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/24/1989</b>	3a. Date of Last Report <b>04/30/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0121767</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CUETO, WILLIAM F 2850 DOUGLAS RD. CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	
81. Name	<b>Elizabeth J. Keeler, Secretary</b>		
82. Street Address (P.O. Box Number is Not Acceptable)	<b>2850 Douglas Road</b>		
83.			
84. City	<b>Coral Gables,</b>	85. Zip Code	<b>FL 33134</b>

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: *Elizabeth J. Keeler* **Elizabeth J. Keeler, Secretary** DATE: **1/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANCHEZ, JOSE M.</b>	1.2 NAME	<b>Elizabeth J. Keeler</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	1.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIGHT, RICHARD B.</b>	2.2 NAME	<b>William F. Cueto</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	2.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIGHT, STEVEN R.</b>	3.2 NAME	<b>Stephen L. Waechter</b>
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	3.3 STREET ADDRESS	<b>2850 Douglas Road</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALDRIGAS, CARLOS A.</b>	4.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, CHRISTINA D.</b>	5.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	5.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, MARTIN J</b>	6.2 NAME	
STREET ADDRESS	<b>2850 DOUGLAS RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	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, or on an attachment with an address.

SIGNATURE: *Elizabeth J. Keeler* **Elizabeth J. Keeler** DATE: **1/15/97** DAYTIME PHONE #: **(305) 460-2364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary**

CP2E034 (9/96)