

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 # K75226 (6)

1. Corporation Name
VINCAM HUMAN RESOURCES OF MICHIGAN, INC.



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

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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3. Date Incorporated or Qualified 03/24/1989	
4. FEI Number 65-0121767	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 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

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 607.0402 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

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 type="checkbox"/> DELETE
NAME	KEELER, ELIZABETH	
STREET ADDRESS	2850 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CUETO, WILLIAM F.	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SALDRIGAS, CARLOS A.	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	WAECHTER, STEPHEN L.	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	PEREZ, MARTIN J	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary Elizabeth J. Marston
2.3 STREET ADDRESS	2850 Douglas Road
2.4 CITY-ST-ZIP	Coral Gables, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6000024756 16
3.3 STREET ADDRESS	-04/01/98--01079--018
3.4 CITY-ST-ZIP	***150.00
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CEO Carlos A. Saldrigas
4.3 STREET ADDRESS	2850 Douglas Road
4.4 CITY-ST-ZIP	Coral Gables, FL 33134
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CFO Carlos A. Rodriguez
5.3 STREET ADDRESS	2850 Douglas Road
5.4 CITY-ST-ZIP	Coral Gables, FL 33134
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PRESIDENT John T. Carlen
6.3 STREET ADDRESS	2850 Douglas Road
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; that 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 from an officer or director with an address.

SIGNATURE _____

CR2E034 (10/97)